John Goodlet Manor

Performance Report

615 Thirlmere Way
PICTON NSW 2571
Phone number: 02 4683 6900

**Commission ID:** 1476

**Provider name:** RSL LifeCare Limited

**Site Audit date:** 17 February 2021 to 22 February 2021

**Date of Performance Report:** 19 April 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-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) | 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 provider’s response to the Site Audit report received 24 March 2021 and 15 April 2021.

# STANDARD 1 COMPLIANTConsumer 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.

Most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The Assessment Team observed this in staff interactions with consumers across the service.

Most consumers confirmed that their privacy is respected.

Staff demonstrated they are knowledgeable about consumers’ culture and diversity, and the things that are most important to them, consistent with their care plans.

The service has devoted resources to promote well-being and is supporting consumers to live the best life they can, including identifying ways to assist consumers to maintain relationships of choice.

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.*

Based on the information reviewed I find this requirement to be Compliant.

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

*Care and services are culturally safe.*

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

The service was able to sufficiently demonstrate that consumers are supported to exercise choice and independence in each of these areas, with most consumers stated this was the case. Staff were able to describe how they provide this support to consumers. A wellbeing coordinator is in place who is conducting a resident lifestyle survey to inform the support provided by the team in key areas.

Based on the information reviewed I find this requirement to be Compliant.

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

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

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

Based on the information reviewed I find this requirement to be Compliant.

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

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

# STANDARD 2 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.

Most consumers and representatives interviewed considered that they were partners in the ongoing assessment and planning of consumer’s care. Consumers and representatives interviewed generally confirmed that they are involved in care planning. Care plans consist of individualised risk identified to maintain the health and well-being of consumers and included advance care planning and end of life planning if the consumer wished. While a consumer expressed concerns about whether the content of their care plan reflected their capabilities at a certain time, documentation reviewed showed recognition of that consumer’s capabilities and how staff were to assist if required, and the consumer stated they were receiving appropriate support. Care plans showed evidence of regular review or when circumstances changed or incidents occurred.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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 service was able to demonstrate it has a care planning system in place that considers the risk to the consumer’s health and wellbeing through assessment and planning. There are staff members with roles that are specific to the admission and assessment of consumers to the service. A review of care planning records indicates the identification and management of risks for consumers.

Based on the information reviewed I find this requirement to be Compliant.

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

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

Based on the information reviewed I find this requirement to be 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.*

Based on the information reviewed I find this requirement to be 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 found that some care plans provided were not accurate reflections of the consumers' care needs as they did not reflect consumers' current needs and preferences, particularly in relation to mobility and the degree of assistance required. One consumer did not believe that at a certain time their care accurately reflected their ability to mobilise and attend to their personal care.

In its response the approved provider submitted information which showed its processes for ascertaining and recording the outcomes of assessment and planning and how it communicates this. For the identified consumer it provided documentation which showed recognition of that consumer’s capabilities and how staff were to assist if required.

While aspects of communication with a named consumer regarding their care plan could have been improved, and while I acknowledge the concerns expressed by that consumer, I consider that the approved provider was able to demonstrate that a care plan was in place which accurately represented their mobility and the degree of assistance required. I have also taken into account the consumer’s statements about now mobilising and receiving support for activities of daily living.

Based on the information reviewed I find this requirement to be Compliant.

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

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

For consumers sampled, care plans showed evidence of regular review and when circumstances changed or incidents occurred. Staff were able to identify the process of regular or as needed care plan review, and the service's care planning and assessment guideline set out the review, reassessment, and monitoring process, including the responsibility of staff to ensure assessment and planning reflected consumer’s care needs.

Based on the information reviewed I find this requirement to be Compliant.

# 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.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers/representatives interviewed confirmed that they get the care they need, including personal hygiene, meals, medication, wound and skincare, pain management, mobility and exercise and assistance with continence care needs.
* Consumers and representatives interviewed confirmed that they could access a doctor or other health professional when they need it.

The service was generally able to demonstrate management of high-impact or high prevalence risks, appropriate care for consumers nearing end of life, management of change or deterioration of health and well-being and communication of information to and about consumers including timely and appropriate referrals and minimisation of infection-related risks.

However, the service was not able to demonstrate that each consumer gets safe and effective personal and clinical care which is best practice and tailored to their needs.

Repositioning of a consumer with a high risk of sustaining pressure injuries was not always undertaken as required. Neurological observations were not always undertaken in accordance with the organisation’s policy and an out of range blood pressure reading was not followed up. The service’s systems did not always capture and manage the use of ceased or expired medication and medication incidents occurred without incident reports being created.

The Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements has been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### 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 identified concerns in relation to monitoring and management of blood glucose levels for a named consumer, the taking of neurological observations following a fall or impact to the head of a consumer, responding to an out of range blood pressure reading, recording of repositioning for a consumer with a high susceptibility to skin breakdown and monitoring of another consumer’s wound, and progress in reduction in the use of chemical restraint. In addition, the Assessment team found that expired or ceased medications were being available for use and medication incidents were occurring without incident reports being created.

In its response the approved provider was able to demonstrate that blood glucose levels were recorded as required and that escalation was not required in an instance identified. Further, it was able to demonstrate that a consumers wound was monitored and evidence provided that the wound was improving, and that the use of chemical restraint was monitored, with the approved provider stating progress had been made in the reduction of the use of chemical restraint.

However, I do not consider that the approved provider could demonstrate, for a consumer with a high risk of sustaining pressure injuries, that repositioning was undertaken as required. While the service could demonstrate that repositioning was undertaken at greater frequency than that identified by the Assessment Team there were still instances where it was not undertaken. That consumer’s situation required vigilance to their skin care. Although the service could demonstrate that another consumer’s wound was monitored and seen to be improving, as a continuous improvement exercise the approved provider undertook to provide education to Registered Nurse’s on charting of wounds.

In relation to undertaking neurological observations, I am satisfied that the service could not demonstrate that neurological observations were undertaken in accordance with its policy or, for one consumer, that follow up monitoring was undertaken when an out of range blood pressure reading was noted at night. Further, while the approved provider could demonstrate, in some instances, that expired or ceased medications had been ceased or were still appropriately in use, I am not satisfied that its systems sufficiently captured and managed these concerns. I note that in its response the approved provider stated it had implemented a system to address this. I am also satisfied that medication incidents occurred without incident reports being created, however in its response the approved provider set out the steps it had or would implement to address this issue.

I acknowledge the approved provider’s clarity on a number of issues. I also acknowledge its engagement with the issues and the improvements identified in certain areas, however I consider that these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

For the reasons stated above I find this requirement to be Non-Compliant.

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

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

The Assessment Team identified concerns in relation to falls over a period of months. The approved provider addressed the Assessment Team’s findings on this matter and on the available evidence I have not identified any concerns in this regard, although I have considered issues in relation to post fall management under Standard 3 requirement 3(3)(a). I have also considered issues in relation to repositioning, clinical monitoring and management of medications under Standard 3 requirement 3(3)(a).

For the reasons stated above I find this requirement to be Compliant.

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

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

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

#### The Assessment Team found, through interviews with consumers, review of documentation and interviews with staff that the service was able to demonstrate that changes to and deterioration of consumer’s condition is recognised and responded to in a timely manner.

Based on the information reviewed I find this requirement to be Compliant.

### 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 Assessment Teamfound that although the service has systems in place for information about the consumers condition, needs and preferences to be documented and communicated amongst all health professional that are responsible for consumers care, staff were not always aware of consumers' needs and/or preferences, and at times information was not effectively documented and/or communicated.

In is response the approved provider submitted information regarding the documentation and communication of information within the organisation and how it communicates this information. Although I have identified concerns regarding provision of clinical care, including the taking and recording of clinical observations, repositioning of a consumer as required and issues in relation to medication management, I have considered that information under Standard 3 requirement 3(3)(a).

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

For the reasons stated above I find this requirement to be Compliant.

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

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

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

Based on the information reviewed I find this requirement to be Compliant.

# STANDARD 4 NON-COMPLIANTServices 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, overall consumers interviewed confirmed that they are supported by the service to do the things they like to do, are supported to keep in touch with people who are important to them despite the restrictions of COVID19 and identified ways in which the service assisted them to maintain their important relationships during that time.

Consumers interviewed advised that they like some of the food and can see improvements being made by the new chef. While they felt further improvements could be made, the service could demonstrate it was working on these improvements and was engaging with a consumer about their dietary preferences.

However, a concern was identified about a consumer being unattended for a period of time which distressed them. In addition, consumers expressed concern about the limited availability of bus trips.

The Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant. A decision of Non-Compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team identified that an instance when a consumer was left unattended for a period of time on her chair in the shower. That consumer indicated they were very distressed by the event. The Assessment Team also received feedback from some four consumers about limited availability of bus trips.

In its response the approved provider acknowledged the event regarding the consumer and stated it was unacceptable, but felt the period was for approximately 10 minutes and not longer as reported by the consumer and not in the circumstances stated by the consumer. It provided call bell response times for that consumer which it stated indicated the wait time is less than five minutes on a vast majority of occasions.

The approved provider did not specifically respond to the issue of the limited availability of bus trips and whether there was any communication on this issue. While I acknowledge the effect that COVID19 has had on the ability to provide outings, four consumers were reported to have concerns about this and it as not clear how this issue was managed. Although the instance involving the consumer in the shower was a single incident and the approved provider had a different view of some aspects of it, the consumer stated it caused them to be very distressed and the approved provider noted that it was unacceptable. In addition, while the call bell report for the identified consumer which was submitted by the approved provider did indicate that on a large majority of occasions it was responded to under 5 minutes for that consumer, events of call bell response within the 5 to 15 minute range were recorded in a one month period for that consumer.

For the reasons stated above I find this requirement to be Non-Compliant.

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

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

Based on the information reviewed I find this requirement to be 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.*

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

Based on the information reviewed I find this requirement to be Compliant.

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

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

Based on the information reviewed I find this requirement to be Compliant.

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

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

The Assessment Team found consumers felt that while the quality and variety of food was improving but that they felt it was a work in progress. One consumer expressed that their dietary needs were not catered for.

I have considered the views of consumers and consider that, on balance, improvements had been made and mechanisms were in place to continue these improvements. In relation to the named consumer, the approved provider was able to demonstrate some complexities in their intake of food and that consultations had taken place to improve that. While there is room for improvement in that engagement and provision of a specific diet, on balance I consider that their concerns were being managed.

For the reasons stated above I find this requirement to be Compliant.

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

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

Based on the information reviewed I find this requirement to be Compliant.

# STANDARD 5 NON-COMPLIANTOrganisation’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 that they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers interviewed confirmed they feel at home in the service, and that they enjoy the views of the countryside visible from most bedrooms and lounge areas. They also said the service is clean and well maintained and that they have a say in how often their rooms are cleaned.

The service environment is well presented and welcoming and the memory support unit has many features of dementia friendly design.

However, four consumers expressed concern about the safety of the lift and felt unsafe when using it. In addition, a bus leased by the service for outings was observed to be unclean inside and showed signs of wear and tear.

The Quality Standard is assessed as Non-compliant as one (1) of the three specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

Based on the information reviewed I find this requirement to be Compliant.

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

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

The Assessment Team found that four consumers were very concerned about the stated of the service’s lift and felt unsafe when using it, with those consumers stating it had broken down four time since June 2020. Those consumers stated their ability to use other areas of the service was restricted as until recently the lift was not working and on one occasion they had to use an alternate, unsuitable means to access a meeting. The Assessment Team also found that a bus leased by the service for outings was unclean inside, the seats were aged and hard and the carpet at the bottom of the step coming away from the metal. The Assessment Team reported that a staff member was inside the bus attempting to secure a seat belt buckle for a consumer, which was achieved with some difficulty.

In its response the approved provider stated the lift had broken down twice only in the period identified and was serviced on 8 March 2021. It stated it was reliant on the leasing company to ensure the bus was in a fit state. It instigated immediate actions to ensure the bus was in a fit state in future.

I acknowledge this response but am persuaded by consumer sentiment about not feeling safe in the lift and that repairs were not undertaken as at the time of the site audit. While the impact of COVID is acknowledged, I do not consider the approved provider took all reasonable steps to provide a sense of safety for consumers. In relation to the bus, primary responsibility for ensuring its fitness for use remains with the approved provider. The Assessment Team’s reported that a staff member assisted a consumer to buckle their seatbelt which indicates there was staff visibility of the state of the bus.

For the reasons stated above I find this requirement to be non-compliant.

# STANDARD 6 COMPLIANTFeedback 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.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and consumer representatives interviewed expressed confidence that they could make complaints and felt safe to do so. They were familiar with the ways in which they could do this, from speaking directly to staff, raising concerns with management, documenting on feedback forms or raising their concern or query at the consumer representative meetings.
* Consumers and consumer representatives said they are confident that feedback and complaints are used to improve services. Consumers who could recalled raising an issue gave examples where their concerns were responded to and resolved promptly.
* Overall consumers felt confident that their concerns are heard and actioned by management in a prompt and timely manner. They described management and staff as approachable and understanding which encourages them to voice their opinions and concerns freely.

The Assessment Team found that the service is committed to providing quality care and services and are responsive to feedback and complaints. Where consumers or their representative had provided feedback on complaints form,actions taken to address the complaint or implement the suggestion were recorded

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.*

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

Based on the information reviewed I find this requirement to be Compliant.

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

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

Based on the information reviewed I find this requirement to be Compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Based on the information reviewed I find this requirement to be Compliant.

# 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.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Overall consumers confirm most staff are kind and caring. They state they are treated with respect and are satisfied with the level of personal knowledge staff have to ensure their needs and preferences are met.
* Most consumers interviewed said they feel staff know what they are doing and feel safe when staff assist them in their daily life

### The service could generally demonstrate the competency and knowledge of staff. Appropriate recruitment and training and regular assessment performance. However, consumer and staff interviews and review of rosters indicated there was not an adequate number of staff available to assist consumers.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

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

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

### The Assessment Team reported that one consumer indicated they had been left in the shower waiting for staff to return, which caused them distress, while another said that agency staff did not always respect their needs and preferences. Other consumers said they sometimes have to wait long periods of time when using the call bell and staff are sometimes not around to assist them. Some staff interviewed stated shifts are often not filled or filled with staff not familiar with consumers, which adds additional responsibility on regular staff. A review of a roster for a two week period of one particular month showed 10 shifts were unfilled. It noted that a new roster system was being implemented.

In is response the approved provider provided details of satisfaction expressed by consumers with care and how care staff identified consumer preferences. It provided a call bell report which indicated approximately 91% of calls were answered within 5 minutes. It confirmed it was undergoing a roster restructure and would add staff workload to its regular discussions.

While I acknowledge improvements in staffing levels and mix, and that a number of consumers gave positive feedback, there remains consumer feedback about staffing issues also expressed also by staff and evidenced by gaps in the roster. It is anticipated the roster restructure will address these issues, however I consider this will require time to show improvements.

For the reasons stated above I find this requirement to be Non-Compliant.

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

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

Based on the information reviewed I find this requirement to be Compliant.

### 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 identified concerns related to a consumer being left unattended, clinical monitoring, repositioning and management of medication.

The approved provider acknowledged improvements could be made in some areas but submitted that its workforce was generally competent at its workforce about its workforce information about the competence and have the qualifications and knowledge to effectively perform their roles. I accept this submission and have considered this information provided by the Assessment team under other requirements.

For the reasons stated above I find this requirement to be Compliant.

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

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

The service was able to demonstrate they have systems in place to ensure recruitment and training of staff are in line with the acuity of consumers at the service. Staff are consistently trained in areas identified as requiring improvement, and they are provided with equipment and support to carry out their roles.

For the reasons stated above I find this requirement to be Compliant.

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

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

The service was able to demonstrate they have a system for monitoring and reviewing staff performance. Consumers are regularly involved in feedback on staff performance and are encouraged to report any concerns. Care managers monitor staff practices and ensure corrective actions are undertaken promptly and/or education organised. The service is supported by the organisation’s human resources staff to ensure all documentation is maintained to reflect the activities undertaken.

For the reasons stated above I find this requirement to be Compliant.

# 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).

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Review of care systems, policies and procedures demonstrated the service works in collaboration with consumers to provide them with care and services. Systems in place ensure staff and allied services have the information they need to provide consumers with the care and supports that will ensure they live the best life possible and consider consumers preferences when evaluating care. The service has access to organisational supports that allow for optimal delivery of care and service for consumers.

While consumers are generally satisfied with care and services provide for them, the service was unable to demonstrate effective management of high impact and high prevalence risks such as effective management of the identification of and response to abuse and neglect of consumers, in particular, in relation to reporting obligations.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

Based on the information reviewed I find this requirement to be Compliant.

### 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.*

### The Assessment Team found that the organisation’s systems did effectively support workforce governance, particularly in relation to staffing levels and mix of staff, competence and qualifications and knowledge. I have considered these matters under Standard 7 and have not identified relevant concerns under this requirement. The Assessment Team identified concerns in relation to regulatory compliance which I have considered in relation to Standard 8 requirement 8(3)(d). No concerns were identified in relation to the other sub-issues of this requirement.

For the reasons stated above I find this requirement to be 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 found that consumers were generally being supported to live the best life they could but found that the service could not demonstrate understanding of or management of high impact or high prevalence risks. I have considered management of high impact or high prevalence risks under Standard 3 requirement 3(3)(b) and have identified no concerns in this regard.

However, the Assessment Team identified two events involving alleged reportable events regarding two consumers, neither of which was reported as required by the relevant legislation but which were immediately reported when drawn to the service’s attention. In its response the approved provider acknowledged that the events should have been reported but stated that these concerns did not indicate a breakdown of its systems or that it was inadequate and stated that the staff involved were advised of their obligations.

I note that the organisation’s systems and practices need to be effective in relation to identifying and responding to abuse and neglect of consumers, and in particular regarding reporting obligations, and the information reviewed indicated that the practices in particular were not effective.

For the reasons stated above I find this requirement to be non-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.*

Based on the information reviewed I find this requirement to be 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 3

### Requirement 3(3)(a)

*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.*

Demonstrate that each consumer gets safe and effective personal care, including but not limited to the following actions, and ongoing monitoring of the implementation of these actions:

* adherence to directions on repositioning of consumers to assist the management of skin integrity;
* undertaking neurological observations in accordance with both the service’s policy and best practice;
* following up out of range clinical observations including in relation to blood pressure readings;
* implementation of a system capture and manage the use of ceased or expired medication; and
* Completion and analysis of incident reports following medication incidents

# Standard 4

**Requirement 4(3)(a)**

*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.*

Ensureeach 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, including but not limited measures to ensure personal care is given in a manner which promotes well-being, and communication about and management of the availability of outings including bus trips.

# Standard 5

### Requirement 5(3)(c)

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

Take all reasonable steps to ensure equipment used is safe, clean, well maintained and suitable for consumers and to support a sense of safety for consumers when equipment is used.

# Standard 7

### Requirement 7(3)(a)

*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.*

Demonstratethat thenumber of staffis sufficient to meet the needs and expectations of consumers.

# Standard 8

### Requirement 8(3)(d)

*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.*

Implement an effective risk management system and associated practices to ensure that allegations of abuse are reported in accordance with legislative requirements and evaluate its effectiveness.