Juniper Bethavon

Performance Report

107 Duke Street
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**Commission ID:** 7131

**Provider name:** Uniting Church Homes

**Site Audit date:** 14 September 2021 to 16 September 2021

**Date of Performance Report:** 28 October 2021

# Performance report prepared by

Glenda Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant/ |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 conducted 14 to 16 September 2021; 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 13 October 2021, including Plan for Continuous Improvement dated 12 October 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers sampled consider they are treated with dignity and respect, their culture and identity recognised and maintained, they can make informed choices about their care and services and are supported to take risks to enable them to live the life they choose. Consumers said staff are courteous, make them feel accepted and valued and they are encouraged to participate in activities of interest.

Consumers said care and services are delivered demonstrating respect and safety in relation to their culture and diversity. They said staff discuss risks associated with their choices and gave examples of how they are supported to participate in a manner as safe as possible. Consumers and representatives said they are kept informed of changes to care and services, generally receive information to enable consumers to make informed decisions and are comfortable in raising issues with management when needed.

The Assessment Team observed staff affording consumers’ privacy and respectfully interacting when cares are being delivered. Registered staff gave examples of supporting consumers to make informed choices relating to their care through engagement and consultation during assessment and care and services planning processes.

Staff interviewed demonstrated knowledge of consumers’ individual preferences and needs, including familiarity with their background and cultural needs and could describe how this influenced delivery of day-to-day care and services. Staff described methods of supporting consumers to make informed choices and to maintain friendships and relationships of importance to them. Staff said they had completed training regarding respect and diversity, including cultural needs.

Policies and procedures guide staff to ensure consumers are supported in making informed decisions, the organisational approach to delivering person centred care, taking into consideration cultural diversity, linguistic needs and privacy/confidentiality. The service has a culture of inclusion and respect.

Care planning documentation reviewed for sampled consumers detailed information relevant to each consumer’s needs and included information about life history, spiritual and cultural preferences, family and social connections and days of significance. Risks related to choices were communicated to enable informed decision making. Confidentiality is maintained in relation to consumers’ files.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers sampled consider they and/or their nominated representatives are involved in initial and ongoing planning of their care and services, including advance care and end of life planning needs when required. Representatives said they are involved in the assessment and planning of care through conversations and meetings upon entry, on an ongoing basis, and/or when consumers’ needs change.

Consumers and representatives said they are generally included and informed of the outcomes of assessment and care and services planning; they have access to care plan documentation. Medical officers, and other external health professionals are included in this process.

Clinical and care staff described the assessment, care and services planning and review processes and how staff involve each consumer and others where required. Clinical risk assessments are completed when required.

The organisation has a documented process to guide staff practice in undertaking assessment, care planning and ongoing reassessment processes. Staff generally demonstrated knowledge of their responsibilities in this process and gave examples of care and services planning updates.

The Assessment Team reviewed assessment, care and services planning documentation and identified reviews are generally completed with input from consumers and others they wish to be involved, including medical and other allied health professionals, on an annual basis, when circumstances changes and/or when incidents occur.

The service did not demonstrate assessments consistently lead to care planning and delivery of care and services that are current and effective to ensure consumers safety, health and well-being. Although regular and ongoing assessment is conducted, the services does not consistently utilise assessment data in the development of interventions and strategies to deliver effective continence management, minimising the risk of resistance to antibiotics due to prolonged usage and ensuring psychotropic medication is regularly assessed for appropriateness and effectiveness. As a result, they could not demonstrate monitoring of assessment processes, care planning tools and data collection led to effectiveness in identifying and addressing the current needs of consumers.

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 service did not demonstrate they conduct assessments that led to care planning to inform delivery of care and services that are current, effective and consider ongoing risk to consumers’ safety, health and well-being.

The services does not utilise assessment data in the development of interventions and strategies to deliver effective continence management, minimisation of resistance to prolonged antibiotic usage and ensuring psychotropic medication is regularly assessed for appropriateness and effectiveness.

The service did not demonstrate assessments consistently led to care planning and delivery of care and services that are current and effective to ensure consumers’ safety, health and well-being. Although regular and ongoing assessment is conducted, the services does not consistently utilise assessment data in the development of interventions and strategies to deliver effective continence management, minimising the risk of resistance to antibiotics due to prolonged usage and ensuring psychotropic medication is regularly assessed for effectiveness. As a result, they could not demonstrate monitoring of assessment processes, care planning tools and data collection led to effectiveness in identifying and addressing the current needs of consumers.

Alternative methods of monitoring effectiveness of current care planning directives (such as food and fluid intake charts, behaviour charts) are not utilised to ensure current care planning directives are effective. Psychotropic medication is not regularly reviewed to identify the medication remains effective, appropriate and/or utilised for the minimal possible period. Alternative methods of care provision, such as optimising consumers’ mobility as a strategy to improve continence management is not considered.

The site audit report detailed evidence relating to a consumer diagnosed with chronic continence management issues did not have any risk management strategies, such as monitoring food and fluid charts and or implementation of a mobility program to assist with guiding staff in managing their continence. For consumers, who have been prescribed psychotropic medication for a prolonged period, the service could not demonstrate assessment processes, such as behaviour monitoring documentation or depression and mental health assessment information, is used to re-assess the need for continuation of psychotropic medication. The service could not demonstrate assessment and planning of safe and effective continence management care for a consumer with a history of recurrent infections.

In their response, the approved provider detailed responsive actions, such as implementation of monitoring documentation to inform assessment and care planning, review of consumers to identify current health care needs, involvement of representatives in care planning meetings, reassessment by medical practitioners and allied health specialists, education and training provided to staff and updating policies and procedural documentation to guide staff in future assessment and care planning processes.

I acknowledge the approved provider’s actions to address the deficits bought forward by the Assessment Team, however, at the time of the site audit 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.

I find this requirement is non-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.*

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The service demonstrated a process of reviewing consumer needs on a regular basis and when health changes are identified and/or incidents impact consumers’ needs. Monitoring documentation is utilised in the re-assessment process for some aspects of consumer care, such as pain, weight, falls, skin integrity, behaviour management and wound management.

The site audit report detailed evidence in relation to inconsistent assessment processes and care planning documentation. This has been referred to in Requirement 2(3)(a). In consideration of the service’s overall processes in relation to regular review and when consumers’ needs change, I consider this requirement is 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

Overall, consumers sampled consider they get quality care and services when they need them and from staff who are knowledgeable and capable. The service demonstrated consumer care was safe, clinical staff manage consumers’ specific clinical needs, appropriate action is taken to deterioration in consumers’ health, regular medical reviews occur in response to changing needs. Representatives said they are contacted when a change in consumers’ health occurs and clinical staff, specialists and medical officers review their current status and implement appropriate clinical care needs. Consumers generally said staff know their needs and they are well cared for.

Viewed consumer files demonstrated the service had identified high-impact or high-prevalence risk through the assessment process and documented individualised strategies for effective management of these risks. Clinical and care staff demonstrated knowledge of sampled consumers’ personal and clinical care needs and individualised strategies for managing high-impact or high-prevalence risks, such as falls, weight loss, pain and behavioural management. High prevalence or high impact risks are monitored and are reported and analysed by clinical management to mitigate future risk.

Consumers’ needs, goals and preferences for consumers when nearing end of life are recognised and addressed to ensure their comfort is maximised and their dignity preserved. Care planning documentation reflects end of life wishes and staff demonstrate knowledge of care required for consumers nearing end of life.

Deterioration of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and generally responded to in a timely manner. Care planning documentation demonstrate tools used to assess and evaluate consumers’ changing needs and staff demonstrated knowledge of the processes to escalate changes in consumers’ needs.

Information about consumers’ condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers are generally referred to specialists and allied health services in a timely manner. Reviewed care plans generally detailed individualised personal and clinical care management strategies based on assessed needs, consultation with consumers and/or representatives and referral to a range of specialists and health professionals.

The organisation has implemented changes to their infection control strategies to include a COVID-19 infection management plan. Staff demonstrated understanding of infection control and antimicrobial stewardship principles.

Policies and procedures are in place to guide staff in the provision of care relating to these requirements.

However, the Assessment Team bought forward evidence the service did not demonstrate monitoring of assessment, care planning tools and processes to ensure effectiveness in consistently addressing the current needs of all consumers in relation to ongoing use of psychotropic medication, possible resistance to prolonged antibiotic use, continence and wound management.

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

### Assessment of Standard 3 Requirements

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

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

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

Clinical and care staff demonstrated knowledge of sampled consumers’ personal and clinical care needs and individualised strategies for managing high-impact or high-prevalence risks, such as falls, weight loss, pain and behavioural management.

Deterioration of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and generally responded to in a timely manner. Care planning documentation demonstrated tools used to assess, evaluate and manage consumers’ changing needs. Information about consumers’ condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared, including a range of specialists and health professionals.

The service was unable to demonstrate consumers consistently receive effective clinical care tailored to their needs which optimises their health and well-being specifically in relation to timely referral relating to wound management and utilisation of best practice guidelines in the management of psychotropic medications. The site audit report evidenced lack of consistent and appropriate practices by clinical staff resulted in non-effective outcomes for some consumers who are prescribed psychotropic medication. Geriatrician review resulted in prescribing an alternative medication which was not administered. Documentation review detailed ongoing behavioural issues continued without review to the effectiveness of current strategies/medication.

The site audit report evidenced the service has not consistently utilising strategies, such as a structured continence management program to reduce the risk of ongoing infections relating to incontinence and/or prolonged antibiotic use. The site audit report detailed evidence of a lack of timely response or implementation of alternative wound care review when advised of a delay in referral response.

In their response, the approved provider detailed planned actions, such as review of consumers prescribed psychotropic and antibiotic medications, review process for timely and effective implementation of directives following specialist review, referring consumers for nurse practitioner and/or medical officer review, implementation of person centred strategies informed by reassessment, implementation of non-antimicrobial strategies to minimise increased resistance to antibiotics, implementation of monitoring documentation to inform assessment and care planning, education and training provided to staff and updating policies and procedural documentation to guide staff.

I acknowledge the approved provider’s responsive actions to address the evidence bought forward by the Assessment Team, however, at the time of the site audit the service could not demonstrate effective systems were in place.

I find this requirement is non-compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The service has an antimicrobial stewardship policy and uses standard and transmission-based precautions in managing infections. Management and clinical staff demonstrate knowledge of the risk of resistance to antibiotic therapy. Staff are provided training relating to infection prevention and control. Management said additional staff training relating to Covid-19 pandemic was provided (and is ongoing) covering such topics as personal protective equipment use and appropriate practices relating to preventing transmission of infections. There is a process for reporting and monitoring infections. A vaccination program is in place.

The site audit report detailed evidence in relation to ongoing prescribing of antibiotics resulting in the possible risk of antibiotic resistance. This has been referred to in Requirement 3(3)(a). In consideration of the service’s processes in relation to minimisation of infection related risks and the approve provider’s commitment in their response to review prolonged antibiotic use and ensure specialist review, I consider this requirement is compliant.

# STANDARD 4 NON-COMPLIANT Services and supports 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

Overall, most consumers are satisfied they get the services and supports to daily living that are important for their health and well-being and enable them to do things they want to do.

Most consumers expressed positive feedback in relation to staff supporting them to keep in touch with those of importance; they are supported to attend activities of choice within and external to the service; spiritual services are available; there is a variety and sufficiency of foods they like, plus staff have an awareness of their food preferences and dietary needs; satisfaction with the cleanliness of well-maintained equipment to support them in optimising independence, health and well-being.

Staff interviewed demonstrated knowledge of consumers’ individual preferences/needs and described services and supports to assist consumers’ independence in activities of daily living. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities and involvement in external community activities. Staff described services and supports to promote emotional, spiritual and psychological well-being. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences.

Management and staff described emotional, spiritual and psychological supports available for consumers, including visits from volunteers and the pastoral care team’s involvement in church services.

Care planning documentation for sampled consumers detailed information relevant to each consumer’s needs and included information about life history, spiritual, emotional and psychological needs and preferences, family and social connections and days of significance to each. Care planning documentation detailed dietary preferences and needs. Policies and procedures are available to guide staff in relation to safe and effective services and supports that optimises consumers’ independence, health, well-being and quality of life.

The Assessment Team observed consumers engaged in activities, partaking of meals and staff supporting consumers where needed. The Assessment Team observed the service environment to be clean and furniture/fittings to be clean, well-maintained and suitable for consumer use. The service has a lifestyle program which details a variety of methods to include consumers, including those with reduced functional, visual or cognitive deficits and for consumers who prefer not to participate in group settings. However, the Assessment Team identified for those consumers with cognitive impairment and/or sensory deficits, such as limited vision and significant hearing loss who prefer not to participate in communal activities, the service did not consistently support these consumers in activities that meet their needs, and optimise well-being and quality of life.

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

## 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 service did not demonstrate safe and effective services and supports for daily living to optimise all consumers well-being and quality of life. Assessments of lifestyle care needs and preferences are conducted, however, for those consumers living with severe cognitive impairment and/or sensory deficits, such as limited vision and significant hearing loss, who prefer not to participate in communal activities, the service did not consistently support these consumers in activities that meet their needs, to optimise their well-being and quality of life.

The site audit report detailed documentation review for consumers identified as requiring one-on-one support in relation to activities to support their well-being, the service provided minimal engagement in activities of choice and meaning. Staff said while specific needs had been identified, there is insufficient resourcing to provide individual activities for these consumers, however, the service is actively recruiting for additional therapy staff. The Assessment Team observed consumers who have sensory needs were not participating in activities of choice and staff were not available to assist them to participate in meaningful activities that met their sensory needs.

In their response, the approved provider detailed planned actions such undertaking person centred assessments of consumers with severe cognitive impairment and sensory loss, engagement of a specialist occupational therapist to review the activity program, improve monitoring and evaluation of the therapy program for effectiveness, implementing additional policies and procedures to guide staff and provision of education and training for staff in relation to optimising consumer well-being and quality of life.

I acknowledge the approved provider’s responsive actions to address the evidence bought forward by the Assessment Team, however, at the time of the site audit the service could not demonstrate effective systems were in place.

I find this requirement is non-compliant.

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

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers sampled consider they belong and feel safe and comfortable within the service environment. Consumers reported a range of feedback, including they feel safe and at home, visitors are made to feel welcome, satisfaction with cleaning of equipment and the environment; there are areas for seating with visitors, comfortable seating in communal areas and they can access outside areas of choice.

Staff described the process for ensuring equipment is cleaned and maintained and said training is provided to them regarding the use of equipment. The service environment maximises support for consumers’ independence via navigational aids and directories, mobility aids and seating areas, lighting, signage and decorative assistance throughout the environment. Pictures, room identification and signage are located for wayfinding. There is a preventative and routine maintenance program.

The Assessment Team observed the service environment to be clean, welcoming and consumers with varying levels of mobility, moving throughout the service with staff providing support as needed. There are outdoor areas which consumers can freely access. The internal environment was free of objects to enable consumers to safely navigate throughout. Consumers, family members and staff were observed to be utilising communal areas both internally and outside seating areas.

The Assessment Team observed consumers’ rooms are personalised and the layout of the environment enables consumers, visitors and staff to maintain a sense of community. There are garden areas which facilitate consumers’ participation in gardening activities.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives sampled consider they are encouraged and supported to give feedback and complaints, and appropriate, timely action is taken should they do so. There are several mechanisms available to capture feedback/complaints and to inform improvement within the service.

Consumers provided a range of feedback mechanisms and expressed confidence they could provide feedback, felt safe to do so, are familiar with the ways in which to communicate their feedback/complaints, are confident this is used to improve services and gave examples where their feedback and suggestions resulted in improved outcomes. Representatives said management are open to feedback, they feel comfortable in making suggestions and gave an example of changes made following an incident to prevent reoccurrence.

Staff gave examples of how they manage the process when consumers or their representatives approach them with concerns about care and services. The service demonstrated actions taken in response to feedback and provided examples of improvements for consumers. The service demonstrated open disclosure processes utilised when required.

Management complete feedback forms on behalf of the complainant when verbal feedback is provided to ensure all issues are captured and responded to. The organisation trends feedback to undertake continuous improvement.

Documentation review detailed policies and procedures to guide management personal and staff in managing and documenting feedback and complaints, including an open disclosure procedure. Feedback and complaints is a standing agenda item at consumer meetings. There is information for consumers and representatives regarding advocacy and language support services and external modes of complaint management available to them.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

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

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

# STANDARD 7 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

Consumers and representatives sampled consider consumers get quality care and services in a timely manner from management and staff who are knowledgeable, capable and caring. Consumers said staff communicate in a kind, caring and respectful manner when providing care and are confident in what they do, consumers feel safe when staff are assisting them, and there is enough staff to provide care and services when needed.

Staff said they are provided with equipment and supports to carry out their duties, and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their role and responsibilities. Care staff said the service maintains coverage of shifts and there are enough staff to manage roles, respond to consumers’ needs and deliver personal care as per consumers’ preferences. Registered staff said there are enough clinical and care staff to deliver care.

The Assessment Team observed staff interactions with consumers to be of a kind, caring and respectful manner. The Assessment Team observed staff had enough time to deliver care and services as per consumers’ individual needs and requests for assistance were responded to in a timely manner.

Review of documentation detailed education, training, policies and procedures are based on consumers’ care needs. Management provided examples of how staff competency and professional registrations are monitored for currency and the process to ensure staff performance is appropriate. Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards and competencies for designated roles.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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.*

Therapy staff said they are able to undertake group activities throughout the day, however, do not always have time to undertake individual visits and sensory activities for those consumers who require one-on-one care. They advised management was aware of the issue and is actively recruiting for additional therapy staff. The approved providers response advised education and training to be provided to staff relating to services and supports for daily living.

Consideration is given to the volume of positive feedback received from consumers and representatives in relation to receiving care and services from staff and care staff feedback in relation sufficiency of staff to respond to consumers’ needs and deliver personal care as per consumers’ preferences. I consider this requirement is compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 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

Consumers and representatives consider the organisation is well run, they can partner in improving delivery of care and services through active participation via a variety of mechanisms. The governing body ensures consumers and representatives are engaged in aspects of the business relating to consumer care.

The organisation demonstrated effective governance systems relating to information management, continuous improvement, finance, workforce, feedback and complaints, regulatory compliance and a reporting pathway within the organisation. Governing body involvement in the overarching running of the service was evident, including involvement in the clinical governance framework, board meetings to review consumer outcomes and board member’s attendance at consumer meetings. Consumers and representatives have direct access to provide the organisation’s executive leadership group (and board members) feedback. The clinical governance framework includes evidence relating to the management of antimicrobial stewardship, use of restrictive practices, reporting of serious incidents and open disclosure processes.

The Assessment Team observed documentation and management and staff demonstrated opportunities for improvement are identified, feedback and incidents are used to drive continuous improvement and there is a process for the governing body to monitor the Quality Standards.

The service provided examples of consumer and representative engagement in decisions relative to consumer care and services and demonstrated consumer involvement in the implementation of continuous improvement. Examples of improvement include the establishment of a consumer advisory committee and changes to meal service delivery times, both as a result of consumer feedback.

Staff demonstrate knowledge of the systems in place, regulatory requirements, feedback and complaints processes, risk management systems and the process for escalating issues of concern.

The Assessment Team observed documentation in relation to the organisation’s clinical governance and risk management frameworks, noting a variety of policies and procedures to guide staff in ensuring consumer’s needs are met.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

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

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

The service demonstrates an effective organisational governance system in relation to information management, financial and workforce governance, feedback and complaints which lead into continuous improvement activities and in general, meeting regulatory compliance activities.

Management and staff have attended training in relation to the Serious Incident Response Scheme legislative requirement recently introduced and generally demonstrated knowledge of the reporting requirements. Documentation review detailed when a reportable incident occurs, generally the required reporting and management process occurs within relevant timeframes. The site audit report detailed management of an incident which occurred during the site audit visit was immediately responded to when bought to management’s attention by the Assessment Team as a result of file review. Consideration has been given to the immediate response by management and demonstration of an effective management system in relation to other incidents. I consider this requirement is compliant.

### Requirement 8(3)(d) Compliant

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

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

### 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 service demonstrated a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship, restrictive practices and an open disclosure processes. Clinical and care staff demonstrated knowledge of these processes and gave examples of implementing them.

The site audit report detailed evidence of care planning documentation and medication chart review for consumers prescribed regular and/or ‘as required’ psychotropic medications. Documentation detailed regular medical officer review of consumer’s symptoms and medications and noted the ‘as required’ medications had not been administered for some time.

During the site audit the service undertook to refer these consumers to their medical officer for medication review to determine if psychotropic medications which had not been administered for some time could be ceased. The approved provider strengthened their care planning review processes to monitor and ensure prescribed medications remain appropriate for consumers’ current needs. I have placed weight on the fact consumers were being regularly reviewed by their medical officer and although a prescription remained in place the medications had not been administered.

I consider 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.

* 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.
* 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.
* 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.