Kalyna Care

Performance Report

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**Commission ID:** 3162

**Provider name:** Ukrainian Elderly People's Home

**Review Audit date:** 9 December 2020 to 11 December 2020

**Date of Performance Report:** 18 December 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) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-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 Review Audit; the Review 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 Review Audit report received 12 January 2021
* referral information received by the Commission
* assessment contact reports dated 3 August 2020, 5 August 2020, 15 October 2020 and 2 November 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall most sampled consumers and representatives considered that the consumers were treated with dignity and respect by staff and management at the service, could maintain their identity, make informed choices about their care and services and lived the life they chose. Consumers and representatives described how staff encouraged the consumer to do things for themselves and staff knew what was important to the consumer. Consumers and representatives stated staff knew the consumer’s cultural background and respected their cultural wishes.

Consumers and representatives stated they were able to excise choice in decision about their care and the way their care was delivered. Consumers and representatives described how the consumer was able to rise and go to bed at a time they chose and were able to choose when they liked to have a shower. Consumers and representatives stated the consumers’ privacy was respected and personal information was kept confidential.

Staff described consumers’ individual preferences and discussed how care was provided in alignment with these preferences. Staff demonstrated an understanding of individual consumer’s key relationships with family and friends and how they encouraged consumers to maintain these relationships during the recent COVID-19 lockdown. Staff described how they supported these relationships and consumers’ community engagement.

Processes were in place to ensure care documentation reflected consumers’ choice. Individual consumers’ care plans contained strategies to support relationships with key people in their lives. These processes were supported through organisational policies and procedures.

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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asking consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Overall sampled consumers considered that they felt like partners in the ongoing assessment and planning of their care and services. Consumers or their representatives interviewed discussed how staff consulted with them during the assessment and care planning of the consumer’s care and services. Consumers and representatives said they were consulted by staff when there were changes to consumers’ conditions and their care and services. Most consumers or their representatives stated they have partnered in ongoing assessment and planning of their care and services and that they had access to the consumer’s care plans if they wanted to.

Consumer files reviewed by the Assessment Team demonstrated that care plans were regularly reviewed by registered nurses in response to any identified changes. Nursing Staff interviewed were able to describe how care needs were identified, the review process and how they supported consumers’ involvement in the assessment and care planning processes.

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 demonstrated how consumers and representatives were involved in the assessment, care planning and review of their care including needs and preferences relating to personal care, nutrition, mobility and risks. Consumer representatives interviewed, stated they were happy with the assessment and care planning in relation to their family members’ specific care needs.

The services electronic care planning system contained assessments, including risk-based assessments linked to relevant care plans as required. Care plans contained needs, goals and preferences for each area of care. Comprehensive assessments were completed covering consumers’ clinical and care needs; and potential risks including:

Comprehensive assessments were completed covering consumers’ clinical and care needs. and potential risks. Clinical staff discussed how they used the assessment process to inform the care they delivered and confirmed they were able to access care plans and provide care interventions, based on individual preferences.

Based on the information summarised above, it is my decision this Requirement is 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.*

The service demonstrated how assessment, planning and review of consumers care, and services were undertaken through ongoing consumer and representative partnerships. Consumer representatives spoke positively about ongoing consultation with staff. Care planning documentation indicated regular reviews of care needs took place in response to consumer needs.

For the consumer files sampled, care planning documents reflected the consumer’s preferences in their assessment, care planning and review processes. Care consultations were documented, and care plans were updated to reflect changes to needs and preferences, as discussed with the consumer and/or representative.

The assessment and care planning procedure were observed by the Assessment Team, outlining how assessments and care planning were conducted and reviewed with the consumer/representative and external medical professionals that provided care. Visits to and by external; and visiting services were included in the progress note summaries written as part of the care plan review processes.

Based on the information summarised above, it is my decision this Requirement is Compliant.

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

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

### 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 Assessment Team identified care plans showed evidence of reviews on both a regular basis and when circumstances change, such as deterioration in a consumer’s condition or when incidents occur. Most consumers interviewed confirmed a consultation occurred regarding care plan review and they stated that care plans met consumers’ changing needs.

Management demonstrated clinical indicator data was collected including falls, infections and skin incidents. These were discussed at handover, staff meetings and in communications to staff.

Clinical staff described the process of creating an incident report for a range of events including when a change to a consumer’s skin is identified, falls and behaviours and how this was used to inform care strategies. Clinical staff described the processes they followed and the care they provided for consumers who have falls. This includes monitoring vital signs and observing for signs of discomfort or deterioration in health and informing representatives and medical practitioners.

An incident management system was used to record all incidents. Incidents were trended, and management confirmed that trends were monitored. The service had written processes for staff to respond to changes in consumers’ condition which was documented and discussed and escalated to clinical care staff.

Based on the information summarised above, it is my decision this Requirement is Compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

The service demonstrated that each consumer received clinical and personal care tailored to their individual or specific needs. The service did not demonstrate that high impact and high prevalence risks were managed effectively. Care documentation and observations demonstrated that the service did not meet individual consumers care needs and preferences that were right for them. the h

Most consumers and representatives expressed their satisfaction with the care provided and they felt the service was meeting their needs. Consumers and representatives said consumers had access to visiting medical officers, allied health staff and other specialists.

There were policies and procedures relating to assessment and review of consumers’ care and service needs. Further policies and flowcharts guided staff in the escalation process and incident 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) 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 recommended the service did not meet this Requirement, based on a lack of understanding or application of this Requirement and a lack of monitoring or review of consumers’ individual needs. I have come to a different decision to the Assessment Team, while I acknowledge there are deficiencies in the documentation of care delivered, the notification of medical officers in accordance to diabetic management plans and directives in pain treatment sheets, in my opinion this does not translate to a lack of safe and effective clinical care.

The Assessment Team identified two consumers with diabetes requiring insulin did not have consistent repeat blood glucose levels taken or that their medical officer was notified when blood glucose levels were above reportable parameters. While this demonstrates poor record keeping by the service, there is not evidence to support the diabetic consumers were not provided with safe and effective care.

The Approved provider in its written response to the Assessment Team’s findings has committed to the procurement of a diabetic educator, education relating to diabetes, a review of insulin administration and blood glucose monitoring practices.

The Assessment Team identified three consumers with impaired skin integrity that did not have documentation completed to support correct repositioning had occurred as prescribed or had been recorded correctly or that support stockings had been applied as per medical officer directives. While this also demonstrates poor record keeping, it is not indicative of consumers receiving inappropriate skin care management.

The Approved provider in its written response to the Assessment Team’s findings has committed to the development of a wound care portfolio, education relating to pressure area care and wound management training. While incident reports have increased in relation to skin integrity incidents, the Approved provider has indicated this is indicative of increased reporting and increased knowledge of staff relating to skin integrity.

The Assessment Team identified three consumers with identified pain needs that had active pain charts and directives to receive both pharmacological and non-pharmacological directives to assist in the management of their pain. The Assessment Team make note that handover records do not contain information in relation to the consumers having pain and treatment lists did not demonstrate that heat packs and massages were applied as prescribed. The Assessment team also note the three consumers have not required additional pain relief on a regular basis which is indicative the consumers’ pain needs are being met. While I acknowledge documentation deficiencies relating to pain management, this is not reflective of consumers with unrelieved pain.

Most of the consumers and representatives interviewed said they were satisfied with the care provided. Staff provided examples of how they supported individual consumers with their individual care needs.

Based on the information summarised above, it is my decision this Requirement is Compliant.

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

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

The service did not effectively manage high impact or high prevalence risks to consumers in relation to weight management and wound management.

The Assessment Team identified for one named consumer a weight loss of 11.1kgs over a six-week period which was not identified or addressed by staff at the service or referred to the Medical officer.

The Approved provider in its written response acknowledged consumers recorded significant unplanned weight loss during and after the COVID outbreak. The Approved provider has stated the service has received support and advice from a dietitian focussing on restoring consumers’ weight to their pre COVID state. While I acknowledge the actions taken by the service to address unplanned weight loss for consumers, for the named consumer the high impact risk relating to weight loss was not effectively managed.

The Assessment Team identified for another named consumer, wound charting incorrectly identified the status of their wound, and therefore wound care was not provided appropriately. Following a review by the consumer’s medical officer the wound was identified as a pressure injury.

For a third consumer. The Assessment Team identified their wound classification was not identified correctly and therefore the high impact risk of wound deterioration was not effectively managed. The Assessment Team observed wound care provision for the consumer and noted the registered staff member incorrectly described the wound to indicate it was healing, the Assessment Team observed the wound appeared not to be healing and required an alternative treatment regime. to be classified incorrectly

The Approved provider in its written response to the Assessment Team’s findings has committed to the development of a wound care portfolio, education relating to pressure area care and wound management training. While I acknowledge the actions the Approved provider has taken in relation to wound management, the high impact risk for the two named consumers in developing a pressure area or experiencing wound deterioration was not effectively managed.

In making my decision of Non-compliance in this Requirement I also make note that the Approved provider has had deficits in relation to wound care and weight management since July 2020 and deficits remain in this Requirement.

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

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

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

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

Most consumers and representatives interviewed by the Assessment Team stated they were satisfied with the timely interventions of staff and follow up by medical officers and other health services. Care documentation for the consumers reflected the identification of, and response to changes in health status.

Consumers and representatives advised staff were responsive in identifying changes, providing information and contacting medical practitioners for review, resulting in timely interventions.

Clinical staff explained how medical practitioners, physiotherapists and other specialists reviewed, monitored and initiated recommendations for consumers with deteriorating or changing care needs were recognised.

The Approved provider in its written response to the Assessment Team’s findings has confirmed the service’s policy for clinical deterioration has been ratified and are now available to staff.

Based on the information summarised above, it is my decision this Requirement is 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.*

### 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 Assessment Team identified the service demonstrated actions and improvements to enhance minimisation of infection related risks for consumers. Of the consumers sampled, infections were monitored and managed effectively. Most consumers and their representatives interviewed were satisfied with management of care and services during the COVID-19 outbreak.

Staff were able to articulate how they minimise the need for the use of antibiotics and ensured they were used appropriately. The service had policies regarding infection control and antimicrobial stewardship. The Assessment Team observed current consumer and staff vaccination registers.

Education on infection control was included in staff orientation and was part of the ongoing mandatory education. All staff interviewed confirmed they had attended education in relation to infection control and completed hand washing and personal protective equipment donning/doffing competencies.

Based on the information summarised above, it is my decision this Requirement is Compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they prefer 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 Assessment Team also examined relevant documents.

Overall most sampled consumers and representatives considered that the consumer received the services and supports for daily living that are important for their health and well-being and that enabled them to do the things they wanted to do.

Consumers and representatives interviewed felt the consumer is supported to participate in the activities they chose and that the service supported them to access interests in the community.

Consumers and representatives interviewed were satisfied the service welcomes visitors and the service enabled the consumer to stay connected with important people in their life. The service provided access to electronic devices and other visitor arrangements for consumers who required assistance with maintaining relationships of their choice. All visitors were observed to be following the service’s infection control measures

The majority of consumers and representatives interviewed were satisfied with the choice of meals offered to the consumer and described the process of providing feedback to care staff or kitchen staff if they did not like something on the menu.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understood and applied 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 Assessment Team also examined relevant documents.

Overall most sampled consumers and representatives considered that they felt the consumer belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives interviewed stated they felt at home with a sense of belonging in the service. Consumers and representatives expressed satisfaction with the standard of cleanliness throughout the service and were satisfied with the scheduled cleaning of consumers’ room. Consumers and representatives were satisfied the furniture and equipment was clean, comfortable and well-maintained.

Staff interviewed were able to describe maintenance processes and how they reported any issues they identified to the Hotel services manager. Cleaning staff were observed to be carrying out their cleaning duties whilst respecting consumer’s choice and privacy preferences.

The Assessment Team observed the service to be welcoming with the layout of the service enabling consumers to move around freely, both indoors and outdoors. Suitable clean and well-maintained furnishings was available throughout different areas of the service.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understood and applied 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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall most sampled consumers and representatives considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Consumers and representatives interviewed were able to describe how they could provide feedback regarding care and services and felt safe to do so. Consumers and representatives interviewed who had raised concerns with the service stated they were satisfied with the response from staff and/or management.

Information on internal and external complaints systems were on display throughout the service and provided to consumers and representatives on entry. Feedback forms were available in all areas of the service with secure lodgement boxes and envelopes available to facilitate confidentiality in regard to the feedback system. The organisation encouraged comments, complaints and suggestions and had documented processes to ensure all feedback was addressed in a timely manner. Where external complaints were received these were actioned to identify opportunities to improve care and services. Where appropriate issues or suggestions were included on the service’s plan for continuous improvement which was reviewed regularly.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall most sampled consumers and representatives considered that they received quality care and services when they needed them and from people who were knowledgeable, capable, kind and caring. Consumers and representatives interviewed confirmed that staff knew what they were doing in relation to consumers’ personal care needs. Consumers and representatives interviewed confirmed there were adequate staff numbers and their calls for assistance were addressed in a timely manner.

Staff described how there was sufficient staff and they had enough time to complete their tasks and to provide safe and quality care and services to consumers. The Assessment Team observed adequate staff, providing care with respectful interactions toward consumers.

While education, training and support had been provided to staff in relation to skin integrity, wound management and nutrition, this training has not been effective as deficits in staff knowledge and practice was identified.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

#### This requirement is compliant based on the feedback from consumers and representatives who expressed satisfaction with the sufficiency of staffing within the service. Feedback from staff indicated unplanned leave was generally replaced by casual staff or permanent part time staff who are familiar with the organisation protocols.

Consumers and representatives interviewed described in various ways they were satisfied with the adequacy of staffing numbers. Staff described how the current roster had given them more time to complete tasks as required. Staff interviewed described how there were sufficient staffing numbers and they had time each shift to complete required tasks.

Management described how the service has implemented a recovery roster and new nursing model following the COVID-19 pandemic. The recovery model and nursing models consists of two registered nurses per shift.

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

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

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

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

The Assessment Team recommended the service did not meet this Requirement as the workforce did not effectively apply their knowledge in their roles. I have come to a different decision to the Assessment Team and I have taken my mind to the fact that staff were competent and have the qualifications to perform their roles, and have considered deficits in staff knowledge relates to training and I have considered this information in making my decision for Requirement 7 (3) (d)

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

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

Despite training and education provided to staff in relation to wound care, skin integrity and nutrition, deficits remain in the delivery of wound care and the identification of unplanned weight loss. It is therefore my decision; this Requirement is Non-compliant due to training not providing support to deliver the outcomes of the Standards.

The service has had Non-compliance in this Requirement since August 2020 and while I acknowledge the service was affected by the COVID 19 pandemic, I have concluded training has not been adequate to ensure staff have the skills to meet wound care and identify weight loss for consumers.

The Approved provider in its written response to the Assessment Team’s findings acknowledged few staff attended the skin integrity training prior to the COVID 19 outbreak commencing. The training report submitted by the Approved provider also demonstrates 22 (of approximately 100 staff members) staff have attended wound management training and further training has been scheduled for 2021. Despite 40 Staff attending nutrition training in 2020, staff did not identify a significant loss of weight for one consumer.

It is my decision this Requirement is Non-compliant as training delivered has not effectively increased the skills of staff in relation to wound and weight management.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understood and applied 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).

The service did not demonstrate risk management systems or clinical governance framework were effective. Deficits in clinical care have been identified and the governance framework failed to identify the deficits in the delivery of safe and effective care. High impact or high prevalence risks such as pressure wounds and nutrition and hydration were not managed effectively.

Sampled consumers indicated that the organisation was well run and that they could partner in improving the delivery of care and services. Consumers and representatives interviewed were satisfied they can provide feedback through several mechanisms.

Consumers provided examples of how they were involved in the development, delivery and evaluation of care and services through meetings and their involvement in care planning reviews. Management were aware of and described ways consumers were involved in the development, delivery and evaluation of care and services, and continue to find ways to engage 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 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

While the organisation has policies and processes in place to ensure the safe and effective care of consumers living with high impact or high prevalence risks such as impaired skin integrity and nutrition and hydration, these risks were not managed effectively. Organisational monitoring processes have failed to identify deficits in relation to risk management systems and practices.

The Approved provider in its response indicated improvements at the service level including the appointment of a Clinical care manager, weekly clinical risk meetings and monthly clinical governance meetings has strengthened risk management systems and practices.

It is my decision that at the time of the Review audit the processes relating to managing high impact or high prevalence risks for consumers was not effective and therefore my decision is this Requirement is 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.*

The Assessment Team recommended this Requirement was not met as the clinical governance framework has not delivered safe and effective care. I have come to a different decision to the Assessment Team and have taken my mind to the risk management practices of the service and have given weight to my decision of Non-compliance in Requirement 8 (3) (d).

The Approved provider in its written response demonstrated a clinical governance framework was developed in August 2020 and clinical governance training has commenced at the service. Senior registered nurses are trialling portfolio roles including medication management, diabetes, pain and wound management.

It is my decision this Requirement is Compliant as the service was able to demonstrate there is a clinical governance framework with includes goals, roles and responsibilities, implementation and review of effectiveness.

# 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.

* The service must effectively manage the risks associated with wound care and weight management.
* Training needs to be effective in addressing deficits in the delivery of clinical care.
* Risk management systems are to be effective in managing high-impact and high-prevalence risks for the consumers.