Killarney Court Aged Care Facility

Performance Report

37 Cornish Avenue
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**Commission ID:** 0318

**Provider name:** Central Coast Community Care Association Limited

**Site Audit date:** 16 February 2021 to 19 February 2021

**Date of Performance Report:**15 April 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-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** | **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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Complaint |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the Site Audit report received 17 March 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

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

Most consumers and their representatives’ feedback are generally positive about the manner in which staff treat consumers, some consumers and representatives said that not all staff treat the consumer in a respectful manner and/or maintain their dignity. Some consumers and representatives interviewed expressed concerns to the Assessment Team that they did not feel the consumers privacy is always respected.

The service did demonstrate that consumers are supported to exercise choice and independence. The services information systems are generally effective and generally provides each consumer/representative with information that is current, accurate and timely. Staff interviewed spoke about consumers respectfully and with regard for their identity, culture and diversity.

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.*

The Assessment Team found that most consumers and their representatives’ feedback is generally positive about the manner in which staff treat consumers.

For the consumers and representatives sampled most confirmed they are treated by staff with respect. However, some consumers representatives indicated to the Assessment Team staff do not always show their consumers respect or observe their dignity. This related to specific incidents that consumers and their representatives felt were not handled appropriately.

### Staff interviewed spoke of consumers respectfully and demonstrated an understanding of consumers life journey. When asked what staff would do if they ever felt uncomfortable about how a consumer was being treated or saw a staff member not treating a consumer with respect, staff interviewed said they would report this immediately to the registered nurse or manager. During the site audit staff were observed interacting with consumers respectfully. They acknowledged consumers when passing them and were observed stopping to listen when consumers needed to speak to them.

Care planning documents reviewed identified what is important to the consumer and included a consumer lifestyle assessment which were completed in consultation with the consumer and/or representative. This outlines the significant events in the consumer’s life, and any important people in their life including partners, family and friends.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information addressed and provided evidence in relation to consumer and representative feedback to the Assessment Team relating to the specific incidents raised. This provided additional context relating to the feedback as well as actions taken, at the time, by the Approved Provider to acknowledge and rectify the issues.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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.*

The Assessment Team found most consumers and representatives interviewed did not raise any concerns and confirmed their personal privacy is respected and were confident their personal information is kept confidential. Consumers said staff always knock on doors and staff close the door prior to assisting consumers with their personal hygiene requirements or activities of daily living. However, some consumers and representatives interviewed expressed concerns to the Assessment Team that they did not feel the consumers privacy is always respected relating to specific incidents mainly involving other consumers entering rooms uninvited.

Staff said they are always mindful to discuss individual consumers with their colleagues discretely. Staff are aware of maintaining consumers’ confidentiality and gave examples of how they do this. Observations made by the Assessment Team confirmed consumer information is stored and managed to uphold confidentiality.

Staff were observed by the Assessment Team to deliver care and services to consumers in a manner respectful of consumers’ privacy. Confidential information was observed to be put away after use and computers were logged off when not in use.

As part of the admission process all consumers/representatives are provided with a resident agreement and handbook which outlines the importance of confidentiality and the service’s commitment to maintaining confidentiality.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information addressed and provided evidence in relation to consumer and representative feedback to the Assessment Team relating to the specific incidents raised. This provided additional context relating to the feedback as well as actions taken, at the time, by the Approved Provider to acknowledge and rectify the issues. In addition, extensive evidence was provided to show how the Approved Provider has effectively managed the incidents relating to other consumers entering rooms uninvited to restore privacy for those residents effected.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall the consumers and representatives interviewed said they felt involved in the management of the consumers health and wellbeing although not through a formal case conference but informally through discussions with the staff. However, most consumers and representatives interviewed were not aware of a formal assessment or care plan process and said they had never been offered a copy of the care plan to read.

The Assessment Team identified deficits in the review of a risk management approach to minimise the use of physical restraints, inadequate incidents management for two consumers. Furthermore, representatives and consumers were not aware they could have copies of consumers care plans.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team reviewed documentation and found that assessments and care plans do not include details regarding consideration of consumers risk in the management of physical restraints.

The Assessment Team found that the service has not demonstrated how they have tried to minimise the use physical restraint and that it is used only as a last resort. The service has a policy that states restraints are used as a last resort and all alternative means have been exhausted however, the policy does not include the risk management assessments required prior to implementing the restraints to ensure the consumers safety.

The care plans sampled showed no alternatives being trialled prior to the use of the restraint. This was also the case for consumers using another form of restraint for falls prevention. There was no documentation to indicate a risk assessment has been completed to determine the suitability and consumer safety and there are no alternative strategies trialled prior.

The clinical coordinator said they do not complete risk assessments prior to the use of potential restraints although it is documented on the risk care plan as falls prevention. Care staff interviewed, said the main consumers risk is behaviours and falls. The service collates clinical indicators monthly, and trends the incidents, however the analysis of incidents is not occurring and being feedback to the quality plan. The quality manager said they have just commenced to analyse the monthly data.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information did address some of the reasons behind some of the care decisions being made however it did not demonstrate in relation to restraint that alternatives are routinely considered. The approved provider has also committed to using collected data to inform consumer care and service however, it was not standard practice at the time of the site audit and therefore has been identified as an area for improvement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

### 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) Non-compliant

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

The Assessment team found overall all consumers and/or their representatives, when interviewed, confirmed that they felt involved in planning the consumers care needs, goals and preferences. However, most consumers and representatives interviewed said they were not aware they could have a copy of the care plan and had never been offered a copy to read.

The consumers’ documentation sampled by the Assessment Team identified there is a care and service plan that is in place. A review of documentation shows the registered staff communicate via verbal face to face discussions or by phone conversations, or emails when changes occur. However, the Assessment Team found that the service does not have a system in place to discuss or review the consumers care plan formally, only when a complaint arises.

Staff stated that they only provide care plan copies too were representatives with issues with their consumers care and service. They said they would only provide a care plan copy if requested, they would not offer a copy to the consumers or representatives.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information does provide evidence that the Approved Provider has sought to remedy the concerns associated with the supply of care plans to consumers and representatives. It has not demonstrated that this was occurring at the time of the site audit as most of the dated evidence was completed after the date of the site audit. The evidence supplied also confirms that the Approved Provider needed to communicate more effectively the outcomes of assessment and planning for consumers and communicate to staff to ensure that staff were aware that the care plans needed to be readily available.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

### 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 generally found registered nurses review and update assessments and care plans after a change or when incidents occur. Assessments and care plans are generally reflective of consumers’ current care needs and goals and preferences. However, the Assessment Team did note two incidents where they could not readily identify the appropriate actions had been taken.

The Assessment Team was able to note some the care plans show evidence of review on both a regular basis and when circumstances change, or when incidents occurs.

The registered staff said they review the care plans as needed and generally every three months. If identified a new assessment is completed, although said new assessments are usually completed when a change occurs, and the care plan is adjusted at the time. For example, the mobility assessments for a consumer was re-assessed on their return from hospital. Incident forms are generally completed when required.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided documented evidence of the steps taken post incident for both the issues of concern noted by the Assessment Team. The evidence detailed steps taken, and documents were produced showing that the outcomes for the affected consumers were positive. There was also evidence provided that preventive measures were implemented, documented and discussed with the consumer.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that the care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers when interviewed confirmed their pain management and wound management has been adequately managed by the staff and medical officers. Representatives interviews confirmed that the consumers have access to a medical officer or other health professionals when they need it.

A review of the consumers care plans identified safe and effective care is generally being delivered by the staff. The care plans identified the consumers’ current care needs and their goals is generally included in the care plan and they are updated to reflect the consumers’ health needs and changes in their goals and preferences.

In addition, although the service has demonstrated overall the consumers receive personal care and clinical care that is right and safe for them in relation to chemical restraint this was not demonstrated. This includes regular reviews by the medical officers and current authorisations signed by representatives for consent for the medication to be administered. Furthermore, some of the consumers care plans did not include strategies already tried and alternative therapies to try prior to administering the chemical restraint as a last resort.

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.*

The Assessment Team in general found that clinical documentation shows that consumers are receiving effective personal and clinical care; especially in relation to skin/wound care and pain management. However, with the management of consumers prescribed chemical restraints the service has not demonstrated it is meeting the organisations policies or the chemical restraint legislative guidelines.

Of the chemical restraint forms sampled by the Assessment Team some forms were not completed accurately to show the service has tried to minimise the use of the chemical restraint. This includes the use of alternative therapies trialled prior to the use of the chemical restraint medication as a last resort.

The clinical coordinator said they monitor consumers prescribed chemical restraints. However, acknowledged the deficits the Assessment Team identified. They said they have notified the medical officers and representatives to complete the authorisation for the chemical restraints whilst the Assessment Team were onsite.

Staff members interviewed said they know the care they provide is safe and effective as they observe consumers improving after periods of illness. The staff members said if they had any concerns they would immediately raise the issue with the registered staff.

The service has a suite of policies, procedures and documents in hardcopy and the intranet system. The policies and procedures have links to best practice guidelines and external services.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided documented evidence of the steps taken whilst the Assessment Team is onsite to rectify gaps in consumer documentation. The Approved Provider also demonstrated through documented evidence that some of the consumers did have the appropriate approvals in place for the use of chemical restraint. However, the concern remains that the service does have a policy on restrictive practices that reflects both best practice and is followed through in the delivery of care to consumers. There is also a concern still evident that the Approved Provider cannot show that alternative therapies have been trialled and considered before using chemical restraint.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.

### 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.*

# 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 like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

The service has a range of methods for ensuring consumers provide input into the services and supports for daily living that are important to them,meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. However not all consumers/representative interviewed felt the service supported consumers to optimise their well- being and quality of life and they stated they do not always feel safe at the service.

The service has a range of lifestyle supports and services available for consumers which includes options for consumers with varying levels of functional, cognitive and visual abilities.

Most consumers interviewed said they enjoy the meals, they thought the variety of meals was sufficient and consumers were satisfied with portion sizes. They also said staff are knowledgeable on their food preferences and dietary needs.

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.*

The Assessment Team found that most consumers said they are supported to optimise their independence health, well-being and quality of life. The Assessment team did interview three consumers that said they do not feel their well- being and quality of life is being supported. They said they do not always feel safe at the service due to other consumers entering their rooms uninvited.

The Assessment team sighted care documentation that reflected assessments around supports for daily living with consumer preferences that supports their independence, health, well-being and quality of life. Documentation reviewed recorded cultural, emotional, spiritual and areas of interest for consumers.

Lifestyle staff interviewed were able to describe the services and supports to assist consumers daily living, which were consistent with the information documented in consumers’ care plans and provided during consumer feedback. The service holds monthly resident meetings. Meeting minutes showed discussion of the lifestyle program and suggestions from consumers.

The lifestyle team said they can ensure the program caters to consumers with reduced functional, visual or cognitive abilities in several ways. Lifestyle staff also described the linkage process for NDIS consumers for social support and community access.

Many of the consumers in the service were observed to be spending time participating in activities. The Assessment Team observed consumers with varying functional abilities, mobilising inside and outside of the service, including in courtyards/garden areas.

A review of a sampled amount of care plans showed they are reviewed regularly, and consumers have a current care plan in place that documents each consumer needs, goals or preferences with staff interviewed capable of articulating the needs of the consumers in their care.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information addressed and provided evidence in relation to consumer and representative feedback to the Assessment Team relating to the specific incidents raised. This provided additional context relating to the feedback as well as actions taken, at the time, by the Approved Provider to acknowledge and rectify the issues. In addition, extensive evidence was provided to show how the Approved Provider has effectively managed the incidents relating to other consumers entering rooms uninvited to restore privacy for those residents effected.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

### 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 understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The service has a welcoming environment and consumers were observed to be moving around the service and consumers were observed freely moving through the service, both indoors and outdoors.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained. This includes cleaning and maintenance schedules. Consumers said they felt their equipment was suitable for their needs. The furniture, fittings and equipment were generally observed by the Assessment Team to be clean, well maintained and used safely.

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 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Some sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers/representatives provided mixed feedback for being supported to make a complaint. While some consumers said they have never raised a complaint to the service, some consumer representatives advised they were disappointed with the actions implemented by management. Most consumers/representatives interviewed indicated, when asked, in their opinion management mostly use an open disclosure process.

Staff were able to describe how consumers are supported to provide feedback and complaints. The service has some written materials and other processes to assist consumers and representatives to provide feedback and make complaints.

The service does not trend complaints effectively, nor are they logged into a feedback register or the continuous improvement system. As a result, some complaints have been resolved quickly and to the satisfaction of consumers, while other complaints have remained unresolved. The documents reviewed by the assessment team did not identify the service’s response, action taken to resolve or evaluation of the complaint resolution.

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-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.*

The Assessment Team found most consumers said they are supported to provide feedback and make complaints. Most consumers and representatives said if they have a concern or complaint, they go directly to the registered nurse and/or email management.

Staff were able to describe how consumers are supported to provide feedback and complaints. The service has written materials and other processes to assist consumers and representatives to provide feedback and make complaints. However, two consumer representatives said they sometimes feel uncomfortable complaining and another consumer felt it did not change anything.

Staff were able to describe how consumers are supported to provide feedback and complaints including through feedback forms, resident meetings, and escalating a consumer’s feedback to management. These methods also support the consumers to provide feedback anonymously if they choose. The executive care manager indicated to the Assessment Team that she has an open-door policy for consumers and representatives to visit and discuss any concerns or issues they may have. Most consumers and representatives interviewed confirmed this.

The service has written materials about how to make a complaint and contact details for advocacy and language services. The services main reception displays a ‘Do you have a concern’ poster in a variety of different languages. The service had secure confidential boxes throughout the home for feedback forms and boxes are emptied regularly.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided additional information relating to the complaints and feedback process. In addition, there is minimal evidence to suggest that there is a systemic issue with the feedback and complaints process for consumers overall. The Approved Provider has also committed to addressing the concerns of the few consumers that were not satisfied with the complaints process. Therefore, on balance, the Approved Provider is providing and supporting a system to make sure consumers, representatives, friends and family are comfortable to provide complaints and feedback.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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) Non-Compliant

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

The Assessment Team found that most consumers interviewed said they have never raised a complaint at the service. However, there was some mixed feedback provided by consumers and representatives about this requirement. While some consumers said they have never raised a complaint to the service, some consumer representatives advised they were disappointed with the actions implemented by management. All representatives interviewed said they speak direct to the management or care coordinator when they have an issue to be addressed. They were mostly happy with the outcome. However, one representative said there are apologies given for concerns raised with management, but no actions follow.

The Executive Care Manager and the Care Coordinator understood open disclosure. The clinical staff interviewed had an understand what open disclosure means. However, the care staff interviewed did not understand open disclosure or could recall having had education. Consumers/representatives interviewed indicated, when asked, in their opinion management mostly use an open disclosure process.

Complaints are acknowledged, and explanation given. They offer apologies to those concerned. However, they could not show any documented evidence where an apology had been offered in writing.

The feedback register for compliments, suggestions for improvement, and complaints does not include an outcome, resolution or evaluation of the complaints listed. There is no feedback form or documentation to support the complaint had been acknowledged, investigated and responded to.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided additional information relating to specific complaints which has been taken into consideration. However, there remains a concern in relation to the completion of the feedback loop and ensuring that these are registered and inform actions that can potentially be beneficial for other consumers. The Approved Provider has also not demonstrated that the care staff are aware of open disclosure and how it comes into play for the care of consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d) Non-compliant

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

The service has a compliments complaints and feedback register and a complaints management process/system, however all complaints are not recorded. The service does not analyse data for any trends or use complaints to improve the quality of care and services or develop a continuous improvement plan.

Some representatives said they had made previous complaints to management about the quality and care of services provided to their family members and they are not always convinced the complaint is resolved.

The Assessment Team reviewed the complaints register and the plan for continuous improvement and could not identify where feedback is captured and actioned as a quality improvement.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information outlined a list of improvements to be made to let feedback and complaints inform a continuous improvement plan and conceded that the Assessment team findings on the day of the audit did reflect current practice.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The majority of consumers and representatives said staff are kind and caring towards the consumers, although a number of consumers gave negative feedback regarding the management of their care and privacy.

The staff said agency staff are working most days across different shifts and they don’t know the consumers, and this makes it difficult for the other staff members and the consumers. The staff said the impact to consumers care is the wait times for consumers to receive care is longer.

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) Non-compliant

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

The Assessment Team found that the service was unable to demonstrate the number of staff members deployed ensures the delivery and management of safe and quality care and services.

Feedback received from consumers and representatives said staff are not responsive to consumers’ needs in a timely manner and they are required to wait for assistance which has an impact on their health and wellbeing. Call wait times have meant that consumers have suffered incontinence, missed leisure activities and consumer meetings.

Agency staff are being used to cover staffing levels on shifts, but consumer feedback stated these staff do not know them to care for them as permanent staff do. They said the staff are great and help one another when they are short staffed and feel the quality of staff employed in the last three months has improved.

The staff members said sometimes they are short staffed but they still get the work done but it impacts on the consumers wait times for their cares to be completed. This also impacts the staff roles when caring for the consumers.

The Executive Care Manager provided the Assessment Team with a call bell response times for a 24-hour period in February. The times show the consumers have waited for staff over ten minutes on a significant number of occasions.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information outlined a list of improvements to be made to try and improve call wait times and improve staff recruitment and retention. The Approved Provider conceded that the Assessment team findings on the day of the audit did reflect issues that were in the process of being rectified.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

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

The Assessment Team found that consumers and representatives said the staff are kind, caring and respectful, however two consumers gave negative feedback regarding the way staff interact with the consumers.

Most consumers said the staff are kind, caring and gentle when providing care. They said they feel safe with the staff and the staff respected them. Observations by the Assessment Team of staff members assisting consumers showed staff were kind and courteous toward them.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided a range of different documentation that provided additional evidence of how they employ, review and monitor the kind, caring and respect provided to the consumers. This evidence provided a deeper insight into how the Approved Provider and staff provide quality interactions for each consumer.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

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

Most of the consumers and representative interviewed said they felt the service was well run. However, others raised issues.

The consumers and representatives interviewed said they are involved in the consumers care planning process however not in a formal process. They said it is more verbally with the registered staff, and they were not aware they could have copies of the consumers care plans. The clinical coordinator said the only case conferences they had completed were part of the complaints received through the consumer/representative survey held in early 2020. These results are not included as part of the quality system.

A review of the quality plan identified minimal input from consumers and representatives.

The overall governance system of the service is not as effective as it should be in capturing information as the service/board is not supported with the relevant and detailed information required to adequately address issues and concerns to ensure the delivery of a safe and quality care and services for the consumers.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment team found that the service is unable to demonstrate a system is in place for the consumers to be engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The services comments and complaints system is not effective in capturing information and feeding it into the quality system.

The continuous improvement plan from 2019 to 2021 has minimal input from consumers or representatives in regard to their suggestions and complaints, this includes from feedback forms, consumer meetings, verbal complaints and consumer/representative surveys.

The Board members were completing surveys prior to COVID-19 with the consumers, and the feedback was discussed at the board meeting, however there is no evidence this feedback was included on the quality plan. The chief executive officer said there is now a board member on the clinical governance meeting, this was to assist in gaining direct information from the services clinicians to be feed to the board. However, the actions required from the meeting are not included on the quality plan.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This provided additional information relating to the complaints and feedback process as well as information relating to circumstances where consumers have been involved is some aspects and care planning. Whilst this does provide some evidence it does not clearly demonstrate consistent, systemic practices of actively engaging consumers and representatives.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.*

The Assessment Team found that the service’s strategic framework includes a commitment to promoting a culture of safety, inclusion and quality care and services and the board of directors is accountable for their delivery. Governance structures are in place to monitor and improve the organisations performance against the Quality Standards.

Clinical indicators are trended although not routinely analysed and not feedback into the quality system. The chief executive officer described recent changes that have occurred in the service that included strengthening clinical governance. A clinical governance committee is now chaired by board member and another board member is on the committee. Both have aged care qualifications and experience in the sector.

The board has restructured the organisations management and the executive care manager is now based at Killarney Court to give a greater focus of clinical issues.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided a range of different documentation that provided additional evidence on how they have governance in place to ensure that the governing body promotes care for consumers that is safe inclusive and quality.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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) Non-compliant

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

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

The Assessment Team found that the service does not have an effective governance system in all but one section that is financial governance. The Assessment Team identified through a review of documentation and interviews deficits relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

There were shortfalls in information management. Most consumers and representatives said they were not aware they could have copies of the consumers care plans. The continuous improvement system is not capturing comments and complaints, audits and survey results. Physical and chemical restraint legislation is not being followed. Open disclosure was not followed for all consumer representatives when the service had money/cards stolen from consumers at the service. The service’s quality plan shows links to the Quality Standards.

The Chief Executive Officer could explain the system of continuous improvement in place at the service. It was identified that there were opportunities for continuous improvement feedback from consumers, representatives and staff, the service’s complaints and compliments system, regular audits, incidents/accidents, staff performance and clinical indicator reports. However, there were deficits identified by the Assessment Team in the consistencies of application to inform the care of consumers in an ongoing improvement capacity.

The Chief Executive Officer said that the board receives financial reports monthly. These include financial results and state of financial position to be approved by the board. Financial delegations of authority and corresponding policies and procedures are in place at regional and service level.

Although the chief executive officer could explain the system the service has in place the Assessment Team identified the system to be ineffective. The regulatory requirements in relation to identifying, escalating, addressing and recording mandatory reportable incidents is not being followed. The chief executive officer could explain the system the service has in place and that the new restraint requirements that took effect on 1 July 2019. A review of documentation shows chemical and physical restraint legislation is not been followed.

Refer Standard 6 regarding deficits identified in gaps with the feedback and complaints system.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This provided additional information gave some perspective on restraint, mandatory reporting and context for particular incidents which has been explained previously. The Approved Provider did not provide sufficient evidence to alleviate concerns around the consistency and effectiveness of the governing body for information management, continuous improvement (specifically relating to consumer inclusion) and feedback and complaints.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that there are 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.*

The Assessment team found that the organisation does not have an effective risk management system in place, in which it considers all risks to the consumers regarding the use of physical restraint. The Assessment Team identified deficits with identifying, reporting and escalation of incidents and deficits in supporting consumers to live the best life they can. The clinical framework system is not effective in capturing deficiencies in care and services through audits and clinical governance systems as the documentation including that of the comments and complaints system has not been documented or is not up-to-date.

The organisation provided a documented risk management framework, including relevant policies. The Assessment Team identified the consideration of risk when using physical restraints has not been considered by the service to ensure the consumers safety. Whilst staff were knowledgeable regarding the risk management systems the service has in place. The Assessment Team identified these practices were not routinely put in place.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This provided additional information gave insight into governance meetings being held to reduce risk however there still remains a concern that the Approve Provider has not demonstrated that these are applied consistently particularly in relation to restraint.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.

### 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 found that although the service has an effective antimicrobial stewardship system in place. Staff and management could explain the systems, although the Assessment Team identified the processes where not always followed.

The organisation provided:

* a documented clinical governance framework.
* a policy relating to antimicrobial stewardship.
* a policy relating to minimising the use of restraint.
* an open disclosure policy.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff gave examples of how they would put the policies into practice related to their work. The Assessment Team identified staff open disclosure practices in a consumer’s progress notes entries after a complaint was received. The complaint was not feedback as part of the comments and complaint system and quality system.

Management were asked what changes had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies. Management were able to provide an example - the new clinical governance meetings.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided a range of different documentation that provided additional evidence on how they have a governance framework in place addressing antimicrobial stewardship; minimising the use of restraint; and open disclosure. Although the Assessment team did question the application of this governance in some instances it for the most part is in place and operational. The Approved Provider will need to consider improvements in relation to consistent application for consumers as outlined in related requirements.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that Where clinical care is provided there is a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.

# 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.

### Requirement 2(3)(a)

*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.*

* Continue with plan for ongoing improvement in the collation of clinical indicators monthly, and trends of incidents that are fed back into the planning and providing quality care to consumers.
* Ensure that all facets of providing a service or care to a consumer is considered and whilst one course of action is determined that it does potentially impact others. For example, falls prevention vs restraint.

### Requirement 2(3)(d)

*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.*

* Ensure that consumers and representatives are offered a copy of their care plan whenever it is discussed, reviewed or altered to more effectively communicate outcomes of assessment and planning to consumers.
* Ensuring all staff know that consumers are to be given the option of having a copy of the care plan at discussions and reviews or when it is altered.

### Requirement 3(3)(a)

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*
* Review and revise and implement the service’s Restrictive Practices Policy.
* Develop a process to ensure all consumers are trialled on alternative therapies before commencing chemical restraint and these are documented in terms of effect and success.
* Ensuring that all the correct documentation is completed and used to inform the quality care is provided to the consumer, particularly in relation to chemical restraint.

### Requirement 6(3)(c)

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

* Reviewing the complete life cycle of complaints and feedback to ensure that there is receipt, action and evaluation and to ensure that this is documented.
* Staff training on open disclosure and the role it plays in providing quality care for consumers.

### Requirement 6(3)(d)

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

* Use the continuous improvement plan as provided to improve the feedback/complaint loop so that informs improvements to the quality care of consumers.

### Requirement 7(3)(a)

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

* Use the continuous improvement plan as provided to improve staffing levels and retention to improve the delivery and management of safe and quality care and services for consumers.
* Use the continuous improvement plan as provided to improve call wait times to ensure consumers are getting the responsive care to maximise the safety and quality of their care.

### Requirement 8(3)(a)

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

* Examine ways to effectively engage consumers in the development, delivery and evaluation of their care.
* Actively seek and encourage consumers more effectively to become actively engaged in the provision of their care and ensure they know that they are supported to do so.

### Requirement 8(3)(c)

*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.*
* Review organisational governance systems for information management, continuous improvement and feedback and complaints to ensure it is effective and consistent.

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*
* Review and revise policies and procedures in relation to risk management.
* Ensure the police and procedures occur in practice particularly in relation to restraint.