Koh-I-Noor Contemporary Care

Performance Report

32 Pangbourne Street
WEMBLEY WA 6014
Phone number: 08 9387 5854

**Commission ID:** 7870

**Provider name:** Alinea Inc.

**Site Audit date:** 9 November 2021 to 11 November 2021

**Date of Performance Report:** 24 December 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 4 December 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found overall, consumers sampled considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* felt they were treated with dignity and respect, with their identity and diversity valued;
* staff provide culturally safe care, for example, by supporting them to go out if this is important to them and respecting their religious faith; and
* are provided with timely information relevant to their care and services, and their privacy and confidential information is respected.

Information collected from consumers and/or representatives on entry and ongoing assists to identify each consumer’s life story, cultural and spiritual needs, significant life events, people important to them and preferences in relation to lifestyle choices. Individualised care plans are developed from information collected and are considered in provision of care and services. Staff were familiar with consumers’ individual backgrounds and preferences, including cultural and diversity needs, and described how these influence delivery of care. Organisational policies and Values recognise consumers’ cultural diversity and individuality and guide staff to deliver care and services which ensure consumers are treated with respect and dignity.

Information provided to consumers was noted to be current, accurate and timely. Information is made available to consumers through activity calendars, menus, admission packs, noticeboards and meeting forums. Staff sampled described ways they communicate with and provide information to consumers, including in relation to meal choices and activities. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information was observed to be securely stored.

Consumers and representatives sampled indicated consumers are supported to exercise choice and independence, maintain connections with loved ones and the community and to take risks to enable them to live the best life they can. Staff described how they support and enable consumers to exercise choice and independence, including in relation to how care and services are delivered. Care files sampled included information relating to people consumers’ wished to be involved in their care and important people in their lives. Progress notes evidenced consultation with consumers and representatives about care and services consumers receive.

Consumers sampled indicated staff support them to do the things that they want to do. Where consumers wish to undertake an activity, which involves an element of risk, consultation with consumers and/or representatives relating to risks are undertaken and strategies to mitigate risks developed. For consumers sampled, staff described how they support consumers who chose to partake in activities which include an element of risk to live the best life they can.

Based on the evidence documented above, I find Alinea Inc., in relation to Koh-I-Noor Contemporary Care, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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 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

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they felt like partners in the ongoing assessment and care planning process. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* recalled having been informed and involved in care plan reviews and were satisfied with the process;
* consumers’ needs, goals and preferences have been identified, are known by staff and are satisfied they were being addressed;
* the service have informed representatives of the outcomes of care plan reviews and provided a copy of the care plan when requested; and
* confirmed care and services have been reviewed following incidents and risk mitigation strategies had been implemented.

## A range of assessments are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop detailed care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of accredited risk assessment tools are utilised, including for pressure injuries, falls, pain, malnutrition and depression. Individualised management strategies are developed to minimise impact of risks and are included in care plans. All staff indicated care plans are the primary source of knowledge relating to the delivery of consumers’ care and services and confirmed the documents included sufficient information to guide practice.

## Consumer files demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes and detailed strategies are developed and reviewed to meet consumers’ needs. This included advance care planning and end of life planning. Three consumers confirmed they had completed advance care plans, this is known by the service and is reviewed through care plan review processes. Clinical and care staff described what was important to sampled consumers in regard to how personal and clinical care is delivered. Additionally, staff described how end of life and advance care planning conversations are approached with consumers and/or representatives, including on entry, as needs change and at care plan review processes.

Care files sampled demonstrated consumers are assessed in partnership with staff representatives and others on entry, at six-monthly care reviews and in response to changes. Additionally, care files included regular review by Medical officers and allied health specialists. Care plans were noted to have been updated in response to Medical officer and allied health specialists’ recommendations. Outcomes of assessment and care planning are communicated to consumers and documented in care plans which are available to consumers and guide staff in the provision of care and services. Care plans are updated in response to a decline in a consumer’s health, following discharge from hospital, in response to incidents and on an annual basis.

Based on the evidence documented above, I find Alinea Inc., in relation to Koh-I-Noor Contemporary Care, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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.*

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# 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

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

The Assessment Team have recommended Requirement (3)(a) in Standard 3 not met. The Assessment Team were not satisfied the service demonstrated each consumer is provided safe and effective clinical care that is best practice and optimises their health and well-being, specifically in relation to restrictive practices.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g), the Assessment Team found overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* confirmed they get the care they need and were satisfied with the personal and clinical care provided;
* confirmed their pain is managed effectively and staff have responded to falls appropriately; and
* they have access to Medical officers and/or allied health specialists when they need it.

Thirteen care files sampled demonstrated high impact or high prevalence risks are identified through assessment processes, strategies to minimise risk are implemented and reviewed for effectiveness and referrals to Medical officers and/or allied health specialists initiated where appropriate. Care files sampled demonstrated appropriate management of falls, pressure injuries, malnutrition and unplanned weight loss/gain and behaviours of concern. Staff were knowledgeable of sampled consumers’ high impact or high prevalence risk and detailed how they identify, assess and manage risks.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Palliative care plans outline needs, goals and preferences for care and progress notes sampled for two consumers demonstrated care provided was reflective of consumers’ expressed wishes. Frequent discussions and engagement with consumers, representatives, Medical officers and the palliative care team and continual monitoring and review of care and services had occurred. Care, clinical and lifestyle staff discussed how delivery of care and services is altered during the end of life phase and discussed how they ensure care is provided in a way which promotes privacy, dignity and respect.

Where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated. Three care files sampled demonstrated changes and deterioration in consumers’ capacity and condition had been recognised and responded to in a timely manner. Care staff stated they report changes to consumers’ health and well-being to clinical staff who act on their concerns and escalate issues accordingly.

The service has embedded infection prevention and control measures and antimicrobial stewardship principles into care and service delivery. Clinical staff demonstrated knowledge and understanding of antimicrobial stewardship principles and described practical strategies initiated to minimise spread of infection. Two dedicated Infection control leads have been appointed and there are organisational policy and procedure documents available to guide staff practice. An annual influenza vaccination program is in place and there are processes to monitor staff and consumer COVID-19 vaccinations.

Based on the evidence documented above, I find Alinea Inc., in relation to Koh-I-Noor Contemporary Care, Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 were not satisfied the service demonstrated each consumer is provided safe and effective clinical care that is best practice and optimises their health and well-being, specifically in relation to restrictive practices for three consumers. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* There was no clear indication for the use of an as required psychotropic medication in care documentation or medication chart.
* The as required psychotropic medication had been administered on 19 days in September and nine occasions in October 2021. Progress notes demonstrated the as required psychotropic medication had not been used as a last resort or for management of behaviours of concern identified in the behaviour support plan.
* Staff had not documented a behaviour assessment on each occasion the medication was administered detailing the behaviour of concern, triggers, alternative strategies initiated, intervention or effectiveness of intervention on any of the occasions the medication was administered.
* The Behaviour support plan did not include all information as required by legislation or include information relating to use of a restrictive device, clear indications for use of chemical restraint, including medication prescribed, behaviour it is intended for and alternative strategies used.
* Frequent use of the as required medication had not been identified by monitoring processes. Management was unaware of the frequency of use of the medication for Consumer A.
* Clinical management stated they do not routinely monitor psychotropic medication usage. A monthly report provided by the pharmacy lists consumers prescribed psychotropic medication which issued to update a spreadsheet.

Consumer B

* The Behaviour support plan indicated as required medication ‘as per med chart’. The plan did not detail the medication prescribed, frequency of use or how it is to be monitored.
* Progress notes indicated an as required antipsychotic medication had been administered on five occasions since October 2021, however, staff had not documented the behaviour of concern in behaviour charting or evidence of use as a last resort on four of five occasions.

Consumer C

* The behaviour support plan did not detail medication prescribed, frequency of use or how it is to be monitored and indicated as required medication ‘as per med chart’.
* Alternative strategies and evidence of the as required psychotropic medication being used as a last resort was noted to have been documented on two of four occasions.

The provider’s response consisted of an Action plan, directly addressing the deficiencies identified by the Assessment Team and supporting documentation to demonstrate actions completed. Actions completed and/or planned include, but are not limited to:

* Behaviour support plans, including for Consumers B and C have been updated to reflect legislative requirements.
* Educational information provided to clinical staff regarding use of chemical restraint as a last resort and requirement to document alternatives used and effect.
* An additional new audit tool to be implemented, specifically targeting consistency of documenting all strategies and before medication is administered and effectiveness of medication.
* Policy and procedure documents relating to managing responsive behaviours and use of restrictive practices reviewed and updated to reflect legislative requirements.

In relation to Consumer A

* Medications have been reviewed by the General practitioner and the rationale for administration of the as required medication clarified.
* Administration of the medication has been discussed with the representative and consent for use of medication as a last resort obtained.
* Reviewed all documentation to ensure consistency and that it is in line with recent changes, including reflecting medication prescribed, behaviour it is intended for and alternative, non-pharmalogical strategies.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, safe and effective clinical care which was best practice and optimised health and well-being was not being provided for the three consumers highlighted, specifically in relation to restrictive practices.

In relation to Consumer A, I have considered that an as required medication was not being administered as a last resort or in line the consumer’s assessed needs. Psychotropic medications were noted to have been regularly administered for behaviours not outlined in the Behaviour support plan. I have also considered that information documented in the Behaviour support plan was not sufficient to guide staff in the delivery of care as it relates to restrictive practices. Indications for use of the medication were not included in the Behaviour support plan. Additionally, where the medication had been administered, behaviour assessments had not been completed. As such, this has not enabled effective monitoring of the ongoing use of the medication to occur or ensured current non-pharmalogical management strategies are reviewed or new strategies developed to optimise the consumer’s health and well-being.

I have also considered that the Behaviour support plan and assessment information was not reflective of the consumer’s current needs. While a restrictive device was being used to manage an ongoing health condition, Consumer A’s Behaviour support plan did not include any reference to the device, such as duration of use, frequency, intended outcome, monitoring or review. Use of the device was also not identified as management strategy on a Skin assessment dated October 2021.

In relation to Consumer B, a Behaviour support plan detailed why chemical restraint was prescribed, the behaviours of concern, alternative strategies and intended outcome. In relation to Consumer C, a Behaviour support plan detailed all required information in relation to use of a mechanical restraint device and why chemical restraint was prescribed, the behaviours of concern, alternative strategies and intended outcome. However, I have considered that Behaviour support plans are used by staff to deliver care and services to consumers to optimise their health and well-being, ensure restrictive practices are used as a last resort and where restrictive practices are used guide staff in relation to frequency of use and processes for monitoring. I find for Consumers B and C, information included in Behaviour support plans was not in line with legislative requirements and did not provide sufficient guidance for staff relating to psychotropic medication prescribed, frequency of use of the medications or how the medications were to be monitored for effectiveness. For both consumers, where psychotropic medications had been administered, behaviours of concern displayed and evidence of use of the medication as a last resort had not been consistently documented.

For the reasons detailed above, I find Alinea Inc., in relation to Koh-I-Noor Contemporary Care, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### 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 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* are satisfied with the meals provided, feedback provided to management has been welcomed and changes to the menu have been made;
* enjoy attending the activities provided and are supported by lifestyle staff to maintain their independence;
* staff support them to do the things they like to do and are important to them, for example, maintain independence or have visitors; and
* eight of 12 consumers and all five representatives provided positive feedback about the food, stating food was of sufficient quality, quantity and their dietary needs and preferences are accommodated.

Care files sampled included information relating to consumers’ needs, preferences, what was important to them and supports for emotional, spiritual and psychological well-being. For consumers sampled, staff described what was important to them, their needs and preferences. They provided examples of how they assist and support consumers to do the things they like and participate in the community, as well as provide emotional and psychological support when required.

Consumers sampled confirmed services and supports for daily living enable them to participate in their community within and outside the service environment, develop and maintain social and personal relationships and do things of interest. A weekly activities calendar is maintained and is based on consumers’ preferences and interests. Activities are provided either in a group setting or one-to-one with individual consumers. Attendance at activities is monitored and feedback on each group activity is sought twice a year to determine popularity. All consumers are asked to provide feedback on the activity on an annual basis. Consumers were observed to participate in a range of activities throughout the Site Audit.

Care files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Staff stated they have access to and are provided information about consumers to enable them to provide care and services. Referrals to individuals and other organisations and providers were noted to be timely and appropriate.

Each consumer’s dietary needs and preferences, including allergies and likes and dislikes are identified on entry and incorporated into dietary assessments and care plans. This information is available to staff, including hospitality staff. A monthly rotating menu is in place which can be modified to meet the individual needs of consumers. The menu is seasonal and changed twice a year in consultation with consumers and a Dietitian.

The Assessment Team observed equipment provided to consumers to be safe, clean and well maintained. Staff sampled were knowledgeable about how to use equipment, how to report faults and confirmed they had been trained in its use. Consumers reported satisfaction with the equipment available.

Based on the evidence documented above, I find Alinea Inc., in relation to Koh-I-Noor Contemporary Care, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers feel safe at the service, are able to personalise their rooms and they can access all areas of the service including outdoor areas;
* the service is clean and well maintained;
* representatives indicated the service is easy to access and navigate as there was good signage and they are made to feel welcome;
* furniture, fittings and equipment are maintained and suitable to consumers’ needs; and
* consumers feel safe when staff used equipment and all equipment is in good working order.

The Assessment Team observed the service environment to be welcoming and homely with sufficient space for consumers to sit and participate in activities in various communal spaces. Additionally, the environment was noted to be clean and well maintained. Consumers’ rooms were observed to be decorated with personal belongings and furniture that reflected their identity. Consumers are able to move freely both indoors and outdoors and were observed throughout the Site Audit accessing the garden and courtyard spaces.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers. There are preventative and reactive maintenance processes to maintain and inspect aspects of the service environment and equipment. Staff described how maintenance tasks are reported, actioned and resolved and processes they follow where safety hazards are identified. Cleaning processes are in place and are guided by cleaning schedules.

Based on the evidence documented above, I find Alinea Inc., in relation to Koh-I-Noor Contemporary Care, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 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

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

## The Assessment Team found overall, consumers sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* are aware of and have been supported to utilise verbal and written feedback mechanisms to raise concerns;
* staff are responsive to their concerns when raised and had acted in a timely and appropriate manner;
* felt that changes were made at the service in response to complaints and feedback;
* felt supported to provide feedback and make complaints when they need to and were aware of how to do so;
* felt comfortable to discuss any issues directly with staff and management and considered feedback to be welcomed by the service; and
* an open disclosure process is used when they made complaints and they felt their concerns were addressed.

## Consumers and representatives are provided with information in relation to complaints avenues on entry. Information in relation to feedback mechanisms, including internal feedback forms was also observed to be displayed throughout the service. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, care plan review processes, surveys and directly to management and staff. Staff described how they support consumers to provide feedback, and how they report and escalate concerns to ensure they are addressed.

## Policy and procedure documents are available to guide management and staff in complaint handling, including open disclosure. A complaints log is maintained and documentation demonstrated complaints had been followed up, actions taken and outcomes documented. Management described how complaints are monitored and the Continuous improvement plan included improvement initiatives initiated from data complaints data to improve the quality of care and services.

## Based on the evidence documented above, I find Alinea Inc., in relation to Koh-I-Noor Contemporary Care, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers and representatives considered that consumers get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* there are adequate numbers of staff to meet consumers’ needs and assist them promptly;
* were complimentary of staff and confirmed staff are kind, caring and respectful with consumers;
* staff are skilled and knowledgeable to meet consumers’ care and service needs; and

There are systems and processes to ensure 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. A roster is maintained and staff are allocated within the service to enable continuity of care. There are processes to manage planned and unplanned leave. Staff stated there are enough staff to attend to consumers’ care and service needs. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

The service demonstrated processes to ensure the workforce is competent and has the qualifications and knowledge to perform their roles effectively. Staff competency is monitored through review of progress notes and incident data, feedback, audits observation of staff practice and assessment of competency following education sessions. Regular competency assessments are completed and staff sampled confirmed they work within their scope and are provided support and supervision.

There are processes for recruitment, onboarding of new staff and ongoing monitoring and review, including in relation to professional registrations, police checks, visa requirements, vaccination status and core training. New staff complete core education as part of the induction and bi-annually thereafter. Additional training sessions are provided on a monthly basis. Staff, including new employees stated they are provided with adequate training and support.

A staff performance appraisal and development process is in place, including probationary and bi-annual reviews. Staff performance is monitored on an ongoing basis through feedback, incident data, audits, progress notes and ongoing monitoring of care and service delivery. There are processes to manage staff performance issues; management provided examples of where performance management processes had been initiated in response to incidents relating to falls and medications.

Based on the evidence documented above, I find Alinea Inc., in relation to Koh-I-Noor Contemporary Care, to be Compliant with all Requirements in Standard 7 Human resources.

## 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.*

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are supported to engage in the development, delivery and evaluation of services through a number of avenues, including entry processes, care and service reviews, meeting forums, surveys and feedback mechanisms.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing body comprises of a Board of governance who are supported by an Executive director and an executive team. Service performance is monitored through formal reporting processes ensuring the Board is aware of undertakings within the service and is accountable for delivery of care and services. The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported on.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. Incidents are managed and recorded through an electronic clinical care system. Incidents reported through the Serious Incident Response Scheme (SIRS) are recorded and monitored.

The organisation has an effective clinical governance framework, supported by policy and procedure documents to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Policy and procedure documents relating to these aspects of the clinical governance framework are available to staff and are used to guide delivery of care and services.

Based on the evidence documented above, I find Alinea Inc., in relation to Koh-I-Noor Contemporary Care, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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) Compliant

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

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

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* develop Behaviour support plans, inclusive of all information required, in line with legislative requirements;
* implement and monitor effectiveness of alternative behaviour management strategies prior to implementing restrictive practices;
* where restrictive practices are initiated, monitor and document effectiveness; and
* regularly review use of restrictive practices, including identifying increased use of psychotropic medications. This includes review of current management strategies and, where indicated, development of new management strategies with the aim of minimising use of restrictive practices.
* Ensure policies, procedures and guidelines regarding best practice care, including in relating to behaviour management and restrictive practices are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to behaviour management and restrictive practices.