Kurrajong & District Community Nursing Home

Performance Report

129 Old Bells Line Of Road
KURRAJONG NSW 2758
Phone number: 02 4573 1701

**Commission ID:** 2694

**Provider name:** Kurrajong and District Hospital Society Inc

**Site Audit date:** 27 January 2021 to 29 January 2021

**Date of Performance Report:** 29 March 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

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| --- | --- |
| **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) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Site Audit report received 22 February 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most sampled consumers and representatives considered 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 service’s values include respect and compassion and the systems in place are designed to provide each consumer with information that is current, accurate and timely. Staff were observed to treat consumers respectfully while providing care and services and when speaking to consumers.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

The Assessment Team found that consumers felt they had a say in the care and support provided to them, however the Assessment Team observed reduced opportunity for fostering of interpersonal relationships within the community.

Staff interviewed demonstrated knowledge and understanding of consumers preferences and choices and described how each consumer is supported to make informed choices about their care and maintain friendships.

Documents seen by the Assessment Team showed information regarding who was to have access to the consumers information and be part of their decision-making processes. The Assessment Team found some of the documentation provided a brief overview of the discussions that have been held with consumers and the follow up of issues raised.

Staff and consumers interactions were observed to be meaningful in relation to their dignity, care and choice. However, limited interaction between consumers was observed by the Assessment Team. It was observed that consumers occasionally made a point of visiting each other in their rooms.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information outlined how staff had promoted socialisation between consumers whilst still maintaining social distancing practices required due to COVID-19; with staff enhancing this with modified activities and spending one on one time with consumers. They also provided examples of consumer preferences outlining their choice to socialise as desired, which is not always a willingness to be around others. On balance, the Approved Provided has demonstrated that consumers are encouraged to make connections with others and maintain relationships of choice.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that consumers are adequately supported to make choices to maintain independence.

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

### Consumer outcome

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.

Consumers are informed regarding the outcomes of assessment and planning and can access their care plan if they wish. Assessment and planning does not always include consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. Care plans are written generically and not always updated in a timely manner. Consumer care plans are not always updated to reflect the current needs, wishes or condition of consumers.

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) 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 found that assessment and planning did not always include consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

However, the Assessment Team viewed care plans for alignment with consumer and/or representative stated needs, goals and preferences. Care plans evidenced were regularly reviewed according to processes in place as described by management and stated in the service’s policy. The Assessment Team were informed that assessments are conducted over time with the collaboration of the care staff team to ensure the most accurate information is included in the documentation.

Consumers and representatives interviewed stated they meet with staff every three months to review their care plan where they are able to make adjustments if necessary. Consumers interviewed stated they are also able to make requests regarding how their care is delivered.

Staff indicated that the service provides individualised care and this information may not be in the care plans however as it’s a day to day assessment and requires flexibility.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information showed that the Approved Provider provided an explanation for some of the perceived discrepancies seen on site, particularly around the assessment and planning for risk. On balance, the Approved Provider has given a satisfactory explanation of a consumer experience and therefore on balance the evidence does not suggest systemic issues with assessment and planning.

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

The Assessment Team found that documentation did not always reflect current needs, goals and preferences. Care plans are written generically and not always updated in a timely manner to reflect current condition, needs and preferences. Interim care plans for new consumers are completed by the recreational activities officer who is not a clinician and unfamiliar with medication terms. A number of consumer plans sampled showed discrepancies in preference which meant that the consumer preference was not always adopted in practice. In contrast, the Assessment Team found that all sampled consumer files contained regularly updated advance care directives and end of life plans.

Consumer feedback given to the Assessment Team was positive and representatives also confirmed that the felt their current needs, goals and preferences were met. In addition, they have been consulted regarding advanced care planning and end of life planning. Consumers and representatives further advised advanced care directives are regularly reviewed at least annually or when their preferences change.

Care staff were able to describe the care needs in detail of any named consumer at the service. These stated care needs, and preferences did not always align with documented needs and preferences in the sampled consumer’s care plans.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided evidence of end of life procedures and bought attention to the positive feedback from consumers. This has been taken into consideration however, there was evidence that indicated improvement is required in the assessments and plans reflecting the needs, goals and preferences of consumers and ensuring these are up to date and accurate as well as the appropriate staff being responsible for actioning care plans.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Non-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 found that whilst care plans are reviewed quarterly during care plan reviews, they are not always updated in a timely manner to reflect the current needs, wishes or condition of consumers. This has potential to impact the delivery of correct care and services.

For the consumers sampled, care plans did not always show evidence of review on both a regular basis and when circumstances change, or when incidents occurred. While three monthly care plan conferences are attended by consumers and/or their representatives and these are reflected in care plan documents, changes in condition, personal preferences, assessed needs were found to not always be reflected in the care planning documents reviewed.

In contrast, interviewed consumers and representatives were confident their care and services are being delivered as they wish and staff advised care plans are reviewed every three months by the clinical care coordinator and recreational activities officer during care plan review conference.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided evidence of the alternate ways that the service reviews care and services for the consumer. Consideration has also been given to positive consumer feedback. However, the care planning documents should be up to date and be reflective of current needs goals and preferences. In addition, they need to be reflective of change or impact of incidents that may occur to ensure effectiveness of care.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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 and representatives considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed confirmed that they get the care they need. Consumers and representatives interviewed confirmed that they have access to doctors, dietician, physiotherapist and other health professionals as required.

The service’s approach to assessment and planning includes use of standardised nursing diagnoses in care planning. This approach does not always result in individualised care plans or documentation that reflects the care being provided to consumers.

Evaluation of pain associated with procedures is not routinely assessed. There is no system in place for trending or monitoring high impact or high prevalence risks associated with the care of consumers. Where consumers choose to take risks, the risks are not fully assessed in the context of the risk to the consumer.

The Quality Standard is assessed as Non-compliant as three 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 found generally, consumers and their representatives feel they are receiving effective clinical and personal care. However, evaluation of pain associated with procedures is not routinely assessed. Documentation of best practice parameters for some procedures is routinely omitted.

The clinical care coordinator advised the Assessment Team that they develop their procedures based on advice from experts at the local health district, including wound specialists and palliative care providers. References to these bodies was not observed in the policy documents reviewed by the Assessment Team, except for the antimicrobial stewardship policy.

The Assessment Team observed the use of restraint such as bedrails and positioning of beds against walls and windows had not been adequately discussed or risk assessed prior to use. The Assessment Team also found the service utilises multiple pain assessment tools to assist in evaluating pain in their consumers however application of these pain scales was not consistent. In addition, the Assessment Team did not observe in sampled documentation that pain assessments were conducted prior to and after consumer procedures.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information contextualised some of the specific consumers sampled and provided information on some improvements made since the site visit however these were not reflective of the practice on the day of the site audit.

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) Non-compliant

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

The Assessment Team found there is no system in place for trending or monitoring high impact or high prevalence risks associated with the care of each consumer. Where consumers choose to take risks, the risks are not fully assessed in the context of the risk to the consumer, however a consent form is required to be signed.

In relation to behaviour management, effective management strategies were not observed to be utilised or documented as tools to help staff diffuse the situation.

The service did not demonstrate individualised falls prevention processes are in place. All consumer files reviewed indicated the same strategy for mobilisation.

The service does not trend or analyse high impact or high prevalence risks among consumers. The service manager trends and monitors clinical indicators, however personal risks for individual consumers are not tracked.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information described the protocol that the service has for monitoring high impact or high prevalence risks noting that this was not viewed on the day of the site audit. Whilst this does indicate that the Approved Provider does have some protocols in place there is still an improvement opportunity in relation to the risk of falls. The evidence also suggests that there could be improvements made on the individualisation of the management of high impact or high prevalence risks for each consumer.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

The Assessment Team found the documentation relating to care of consumers receiving palliative care does not reflect care that is individualised. Care plans are not updated to reflect the current needs of consumers receiving palliative care.

The Assessment Team reviewed palliation care plans and found they do not reflect the end of life wishes of consumers or their families. The Assessment Team observed documentation on file relating to the consumer/representative’s preferred funeral home and religious preferences, however care needs, and preferences documented were observed to be generic.

Review of pain management documentation found there is no consistent assessment or reassessment on pain charts of pain levels. The Assessment Team also found the sampled care plan was not updated to reflect these needs nor was it reflective of the information requested and/or provided to the family.

Staff interviewed were able to explain the personal care details they provide for consumers that have entered the palliative care stage.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider articulated further the palliative care process that the service provides consumers. Whist the service does involve the expertise of other organisations throughout the process and staff are caring and compassionate through this time there is still a shortfall in providing individualised palliation and how this is recorded to ensure that the consumer needs are met. In addition, there was evidence that pain management was inconsistent.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers and representatives 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 Assessment Team found limited evidence of meaningful interaction with the recreational activities officer staff documented in consumer files, however observations of interactions between staff and consumers indicated that consumers are well known by all staff at the service and their preferences respected.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

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

The Assessment team found there is limited documentation to reflect meaningful interaction or participation in activities that are undertaken at the service. There was no activities calendar or program of events at the time of the site visit.

Consumers interviewed gave positive feedback regarding an activity conducted on the day of the site audit. However, participation in leisure and lifestyle activities is not reflected in any meaningful way relating to consumer needs, goals and preferences. There are no narrative notes reflecting what was done or conversations with consumers for accountability or possible future activity planning.

Consumer social and human needs care plans are generic in their problem statements and in some plans where activities were prevented by COVID-19 restrictions alternatives were not assessed for provision.

All care staff interviewed were able to recall consumer’s preferences in relation to activities, dietary preferences, and things they can do to assist consumers when they are upset or distressed.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information did not provide any further evidence to refute what was found by the Assessment Team in relation to the individualisation of safe and effective services and supports provided to consumers. Whilst the consumer does receive services and supports for daily living as shown by the staff interviews there is no evidence that shows these are related to specific needs, goals and preferences of consumers.

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 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.*

The Assessment Team found that the service has not established an activities calendar or made referrals to providers of lifestyle services. Management advised this is due to COVID-19.

The recreational activities officer advised she has transitioned the lifestyle program to a one on one program to all of the service’s consumers. There are special events held at the service. In addition, prior to COVID-19, the service accessed external services for the provision of one on one and group music therapy. Volunteers were able to attend the service to assist in the administration of the activities program and religious services were held in person. The service was also able to take those consumers who are physically able on outings on occasion.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The Approve provider acknowledged that referrals for consumer activities had been inhibited by COVID-19 and they had now been reinstated as restrictions have eased and can see that prior to COVID-19 the service was providing referrals to individuals, other organisations and providers of other care and services to benefit consumers.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers and representatives considered they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives interviewed confirmed they feel at home at the service.

Representatives interviewed confirmed the service is clean. The new area of the service is better presented than the old and it was acknowledged that COVID-19 affected planned upgrades.

Not all equipment at the service was observed to be routinely serviced and tagged.

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

The Assessment Team found that the service environment is not consistently welcoming throughout. There are some gaps in wayfinding or navigational aids in place to assist consumers or their visitors to navigate the service.

The Assessment Team observed unused equipment stored along a walkway. After the Assessment Team discussed this observation with management, they advised, there is limited storage space at the service for keeping unused equipment such as these chairs between uses. From this point staff were observed trying to keep items to one side of the corridor.

Representatives interviewed expressed their awareness that there some rooms at the service in need of fresh paint. However, a review of recent representative feedback survey results indicates 100% of respondents feel welcome when they visit the service. Consumers are enabled to arrange the furniture in their rooms and graphic signs are used to assist consumers with cognitive impairment.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided an outline of renovations that were scheduled to occur but had to be postponed due to COVID-19 therefore improvements to the environment have been on hold. With this information I am satisfied that the Approved Provider is already seeking to remedy the consumer environment.

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

The Assessment Team observed the environment to be generally safe and clean. However, there appeared to be reduced access to the outdoors for consumers. It was observed that the uncovered courtyard was only available when staff determine the weather is appropriate for consumers to venture out.

The Assessment Team also found there were few options observed for consumers to access or tend to gardens. Due to the gradient of the grounds access to the gardens for consumers with limited mobility is restricted. However, registered nurses advised that consumers with limited mobility are supported to move around the service with the assistance of care staff and registered nurses.

Consumers interviewed stated they feel safe at the service. Two representatives interviewed advised they feel their family members are safe at the service, and they are happy with the level of cleanliness they see when they visit. The laundry was observed to be clean and uncluttered with access to PPE, hand washing and hand sanitising supplies.

The Assessment Team interviewed the maintenance officer and the housekeeping manager who oversees cleaning and maintenance at the service. When the environment requires maintenance or repair, staff alert either himself or the housekeeping supervisor. Maintenance needs are then triaged according to their potential to cause harm to consumers. Review of the maintenance log reflect regular reactive and preventive maintenance has been conducted at the service.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided clarification of how the access to the courtyard is provided and is predominantly free of restriction unless the weather indicates that extra activities are needed prior to a consumer using the courtyard; such as the application of sunscreen. I am therefore satisfied that consumers can move freely both inside and outside.

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

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

The Assessment Team found not all equipment at the service was observed to be routinely serviced and tagged. Lifters and shared equipment were found to not routinely be cleaned between uses. Care staff gave mixed responses when asked about cleaning of shared equipment with it only being completed under certain circumstances.

On examination of furniture, fittings and equipment all appear to be clean. Cleaning staff were observed throughout the site audit cleaning touch points, furniture, bathrooms and shared areas such as bathrooms.

Consumers interviewed did not raise concern about the furniture, fittings or cleaning at the service when asked. Representatives interviewed stated they are happy with the level of cleanliness at the service.

The Assessment Team observed a lifter that required maintenance. The housekeeping manager believed these particular items may have needed to be serviced by the manufacturer or a specific person and this may be why it was not completed.

The Assessment Team observed on multiple occasions the bathroom sensors to have been triggered and not deactivated. The call bell could also be triggered by a bathroom sensor by staff unbeknownst to them.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider did provide evidence of corrective action to be taken for ongoing improvement however this is not reflective of the standard at the time of the site audit.

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

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 complaints register and complaints trend analysis was examined and staff showed their understanding and application of the requirements under this Standard.

Overall sampled consumers and representatives felt they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. They know how to raise concerns, make a complaint or give feedback and felt comfortable and safe in doing so.

Consumers and representatives interviewed were able to identify changes or improvements made at the service due to their feedback or complaints such as increased communication between the service and consumers and representatives.

The service uses an open disclosure approach to complaints management, and staff are educated about what this means and how to manage complaints.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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.

Overall, sampled consumers and representatives indicated they get quality care and services when they need them and from people who are knowledgeable, capable and caring. They provided positive feedback regarding staff being kind and caring. Examples were given where staff sat and talked with consumers, going out of their way to help. Consumers and representatives also said they felt staff were knowledgeable about their care needs.

Management has systems in place to identify training needs, provide education to staff and monitor staff performance. Management advised that consumer care needs are the key driver when considering staffing needs.

The Assessment Team found that five of five specific requirements were met.

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

## Assessment of Standard 7 Requirements

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

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

### 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 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.

Overall sampled consumers and representatives consider the service is well run and trust the service in the delivery of care. However, most consumers could not provide examples of how they are involved in the development, delivery and evaluation of care and services.

While the organisation has governance systems in place, there are areas where there are gaps such as establishing a robust system for clinical governance and succession plan for the governing board.

There has not been effective management of high impact high prevalence risks for each consumer or evidence that consumers are adequately supported to live the best life they can.

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) Compliant

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

The Assessment Team observed there has been no recent food focus group meeting due to COVID-19. There have previously been resident and relative meetings monthly.

The Assessment Team found other than the general feedback and complaint mechanisms, none of the consumers or representatives sampled said they are actively or deeply involved in the development, delivery and evaluation of care and services. However, most consumers and representatives interviewed considered the service to be generally well run and spoke highly of the management team.

There is a resident advocate who is employed as the recreational activities officer who engages with the consumers daily regarding any concerns the consumers may have. The service manager also collects valuable data derived from consumers and representatives’ feedback. The service manager reports to the governing board and quality improvement meetings about any items of concern.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided clarification of the additional ways that the service engages consumers to seek their input into the development, delivery and evaluation of the care services.

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

### 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 the organisation demonstrated they have some organisational wide governance systems in place. Management were able to verbally articulate detailed policies and procedures of the service and provide examples of how their day to day practice aligns with their governance system. However, the service’s policies did not define the purpose or scope of the policy, clearly articulate a framework by the which the staff are guided by or have attached operational procedures to each of the policies. There are not clearly defined responsibilities within roles. The board do not have a succession plan in place. The service also does not have a conflict of interest policy.

In relation to information management, staff described how they access information advising they do not have any issues in obtaining information about consumers. Completed continuous improvement logs indicate that the service is identifying gaps, through feedback from consumers, representatives, staff or after an incident.

The Assessment Team did not see the service’s charter or protocols on how the board are expected to interface with the service manager. The roles of the board and the service manager are not clearly defined.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided extra context and history behind some of the service’s governance mechanisms. This information did not however demonstrate the effective organisation wide governance particularly in relation to workforce governance, including the assignment of clear responsibilities and accountabilities. In addition, the Approved Provider said there was now a conflict of interest policy in place however this was not in place on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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 the service was unable to demonstrate they have an adequate risk management system in place to identify, manage, escalate and report on risks at the service. The service does not track clinical indicators to identify emerging trends such as infections, falls, or possible medication errors.

The Assessment Team found there is no structured system in place for trending or monitoring the high impact or high prevalence risks associated with the care of consumers at the service. Where consumers choose to take risks in their day to day lives, the risks are not fully assessed in the context of the risk to the consumer.

Staff can give examples of respecting consumers’ wishes and how they have identified and reduced risks to support their independence as safely as possible.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The provided extra information about how the service does have effective risk management for high prevalent or high impact risks. There was no evidence supplied to substantiate the claims and demonstrate this was occurring at the service therefore, as it was not evident at the time it does not impact the decision.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) Non-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 viewed information evidencing a developing clinical and risk governance framework. However, the policies were not detailed and did not define the purpose or scope of the policy. The policies did not outline clear principles or clearly articulate a standard framework by which the staff are to be guided by. Furthermore, there were no clearly defined procedures which outlined the operational steps to implement the policies.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. While most staff had been educated about the policies, some of them were not able to provide examples of their relevance to their work.

Some policies were found to not reference current best practice materials and not provide reference to the peak bodies or organisations used to develop the policies. Specific examples of policies which did not provide guidance relating to best practice include the wound care policy.

Management advised that a lot of their consumers and their families choose to have bedrails for perceived safety. However, the documentation did not evidence the other strategies and practices explored before the use of bed rails were implemented.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided extra context and history behind some of the service’s governance framework. This information did not however demonstrate the effective governance framework reflective of industry best practice.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated where clinical care is provided—that 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)(b)

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.

* Review of all care plans to ensure accurate inclusion of consumer needs, goals and preferences.
* Ensure the appropriate staff are utilised for the completion of care plans.

### Requirement 2(3)(e)

*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.*

* Review of all care plans to ensure they are regularly evaluated for effectiveness.
* Ensure that care plans are updated more frequently to reflect change circumstances and/or the impacts of consumer incidents.

### 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.
* Ensure that best practice particularly for pain management and physical restraint is reviewed and adopted for all consumers.
* Review documentation available to staff to ensure they are consistency reflective of best practice.

### Requirement 3(3)(b)

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

* Develop a system for tracking trends for high impact or high prevalence risks and ensure they are used for continuous improvement.

### Requirement 3(3)(c)

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

* Updating palliative needs, goals to reflect the individual consumer preferences.
* Ensure plans are updated to reflect changes to palliative needs, and goals
* Review palliative pain management procedures to ensure they are carried out effectively.

### Requirement 4(3)(a)

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

* Develop mechanisms to ensure that consumer’s needs, goals and preferences are reflected in a meaningful way across the service that are provided to them. This should include reflection of such inputs by consumers into appropriate documentation.
* Utilise and update care plans so they are individualised to be reflective of consumer’s needs, goals and preferences.

### Requirement 5(3)(c)

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

* Review equipment for maintenance issues and undertake required repairs
* Complete testing and tagging for all electrical equipment
* Address the issue of inadvertent call bell tripping

### 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 documented roles and responsibilities for clarity and accuracy for all positions at the service
* Develop a board succession plan
* Review policies to include purpose or scope and review to ensure they are useful and meaningful to guide staff and consider attaching operational procedures to each policy.

### 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.
* Develop a method for tracking and documenting clinical indicators to identify emerging trends such as infections, falls, or possible medication errors.
* Ensure that where consumers choose to take risks in their day to day lives, the risks they are fully assessed in the context of the risk to the individual consumer.

### Requirement 8(3)(e)

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.
* Continue to develop a clinical and risk governance framework
* Develop clearly defined procedures which outline the operational steps to implement the policies.
* Develop a governance framework relating to the use of restraint that ensures alternate strategies and practices explored with consumers and/or their representatives.