Lerwin Nursing Home

Performance Report

67 Joyce Street   
MURRAY BRIDGE SA 5253  
Phone number: 08 8539 1185

**Commission ID:** 6966

**Provider name:** Rural City of Murray Bridge

**Site Audit date:** 26 October 2021 to 28 October 2021

**Date of Performance Report:** 7 December 2021

# Performance report prepared by

Melissa Buhagiar, 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | 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) | Non-compliant |
| Requirement 4(3)(g) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-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 conducted 26 October to 28 October 2021, 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 3 December 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found that overall sampled consumers 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 Assessment Team interviewed consumers and their representatives who confirmed they are treated with dignity and respect by staff at the service and their privacy is maintained. Consumers reported staff know what is important to them and felt their identity, culture and diversity was valued. Consumers interviewed confirmed they are encouraged to maintain their independence and live the life they choose and are supported to make decisions about their care, who is involved and maintain relationships of choice.

The Assessment Team observed staff engaging with consumers in a kind and respectful manner. Staff were observed to be knocking on consumers doors prior to entering consumer rooms.

The Assessment Team interviewed staff who demonstrated knowledge of consumer’s individual preferences, identity, culture, and diversity and could describe strategies to promote choice and independence.

The Assessment Team sighted evidence consumers were supported to exercise choice and independence in relation to their own care and service delivery including to take risks, communicate their decisions, make connections with others, and maintain relationships of choice.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation 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.

The Assessment Team found that overall sampled consumers consider that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumers and representatives who confirmed they were involved and consulted initially when the consumer entered the service and ongoing and that they are aware of the care and service plan.

The service was able to demonstrate assessment and planning for consumers is currently based on ongoing partnership with the consumer and others the consumer wishes to be involved in the assessment. In addition, planning and review of the consumer’s care and services including advance care planning and end-of-life wishes was documented.

The Assessment Team identified that a range of recognised clinical risk assessment tools were used in the assessment process, including skin, mobility, nutrition, and hydration, falls and wounds, and to develop the consumer’s individual care plan. Individualised management strategies to minimise impact of risks were documented in care plans. Care files also included a palliative care assessment and care plan to identify consumers’ end of life wishes and preferences if they wish to discuss their end-of-life wishes.

The Medical Officer (MO) and Allied Health professionals are involved in care and outcomes of assessments.

The Assessment Team interviewed clinical staff who described incident management processes which included assessment of consumers, notification to MOs and representatives, completion of incident reports and referrals to Allied Health professionals if required.

Care files viewed demonstrated a range of assessments relating to both clinical and lifestyle are completed on entry by clinical staff, reassessments are conducted every four months and as required based on consumers’ needs and if there is any change to care and service provision. Care plans are developed in consultation with consumers and/or representatives, including informing consumers and/or representatives about the outcomes of assessments by MOs, Allied Health and other health specialists.

The Assessment Team viewed a range of assessments which were completed for the consumer files viewed. The Assessment Team viewed an admission checklist guide which is used by staff to inform which assessments are to be completed when a consumer first enters the service. Policies and procedures guide staff in relation to other assessments are used to inform the care plan. Assessments, care and services plans are monitored through a scheduled review program and reported on through a range of forums.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

### 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 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation 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.

The Assessment Team found that overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team found that the service did not demonstrate that it identifies and effectively manage high impact or high prevalence risks associated with the care of each consumer. The service did not identify and effectively manage potential associated risks for consumers who have one bed rail attached to their bed (mechanical restraint), one consumer who have a bed rail and an and overhead bed help bars (monkey bar) in use at their request. The service has not implemented behaviour support plans in accordance with legislative requirements for consumers physical restraint or for whom chemical restraint is prescribed. However, the service was able to demonstrate assessment and planning for consumers with environmental restraint.

The service was able to demonstrate that assessment and planning processes identify, assess, manage and monitor risks associated with consumer’s clinical and personal care including diabetes, falls, pain, wounds, weight loss, behaviour and skin breakdown and is currently based on ongoing partnership with the consumer and others the consumer wishes to be involved in their care and services.

The Assessment Team found that the service was able to demonstrate that each consumer gets safe and effective care or both that is best practice, tailored to their need and optimises their health and well-being. The service assessments and planning processes capture enough information to provide the basis of safe care and services for all consumers to address their current needs and preferences when circumstances change. The service was able to demonstrate effective weight loss management for consumers.

The Assessment Team found that the service was able to demonstrate each consumer has effective pain management that is tailored to their need of the individual consumer to keep then comfortable and pain free as much as possible.

The service was able to demonstrate staff practice supports the effective minimisation of infection related risks through the implementation of standard and transmission-based precautions to prevent and control infection.

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

### Assessment of Standard 3 Requirements

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

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

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

### 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 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found that overall sampled consumers 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. However, some consumers are not always satisfied with quality and temperature of food.

The Assessment Team interviewed consumers who advised that medical equipment and consumer princess chairs and mobility walkers are not always cleaned. Fire safety equipment such as fire extinguisher or water source is not accessible, and the smoking blanket is not within reach for consumers who smoke.

The Assessment Team found that consumers said they are satisfied with the activities and services provided and are supported by the service to do the things they want to do.

The Assessment Team reviewed care planning documentation which showed consumers’ needs, preferences and what is important to them is documented, communicated, and informs how services are provided. Lifestyle review processes and collaboration with consumers and/or their representatives ensure programs meet consumer needs and identify consumers who are at risk of isolation.

The Assessment Team interviewed staff who were able to describe what is important to consumers and their needs and preferences. They provided examples of how they provide support to consumers to do the things they want to do and participate in community.

The Assessment Team identified the general service environment was observed to clean and well maintained and observed a hairdressing salon and gym to ensure which provides physical fitness and addresses the consumers social needs. Consumers were observed to be participating in a range of activities, in communal areas, during the Site Audit.

However, medical equipment while provided has not been cleaned and well maintained. The Assessment Team observed an oxygen concentrator, inhaler spaces and sensor mat were visible dirty. It was also observed that the smoking area does not have access to a fire extinguisher or water source in the event of an emergency. While a fire blanket was observed to be present, this was not within easy reach and smoking signage was not visible.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

The Assessment Team found that the service was not able to demonstrate that meals provided to consumers were of a suitable quality. Over half of consumers sampled were dissatisfied with the provision of meals reporting concerns with the temperature and taste. Several of the consumers interviewed provided negative feedback about the quality of meals they received and the process of delivery. They provided descriptions such as food is cold, the wrong meal is provided, meals are not tasty and dining tables are bare and not set up in an inviting manner. Although management are aware of the concerns from consumers, strategies implemented have not been effective and consumers continue to report ongoing issues with the quality of food services. There was no consideration of contamination to food when the Assessment Team observed a concurrent cleaning process of a drain in the kitchen being undertaken close by whilst staff were serving and plating consumer meals.

The Assessment Team observed the kitchen was clean and tidy with catering staff observing general food safety protocols, however, an attempt was made to clean a kitchen floor drain during meal plating, posing a risk of food contamination.

The approved provider responded to the Assessment Team’s report and advised that the external catering service has conducted surveys and food sampling trials, to improve on the quality and taste for consumers. The service has also accessed trials of Baines Marie to improve the temperature of the food. The scheduled preventive maintenance will be conducted outside of meal preparation times to alleviate any potential contamination with food.

I find that the approved provider is not compliant with this requirement at the time of assessment.

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

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

The Assessment Team found that the service has a system to clean, maintain and provide safe suitable equipment, however this has not been consistently implemented. Work instructions are not always followed by staff and does not document instructions for staff to clean the oxygen concentrator or inhaler spacers. Smoking signage and safety equipment are not clearly signposted or accessible for consumers who smoke. Consumers’ comfort chairs, four-wheel walkers were observed to be sticky with stains on them, and medical equipment such as an oxygen concentrator and inhaler spacers were observed to be dirty and not fully functional. One consumer interviewed said their equipment is not always cleaned or maintained by the service. At the time of the Site Audit, the service did not have access to a fire extinguisher or water in the event of emergency in the smoking area.

The approved provider responded to the Assessment Team’s report and advised that they have addressed the issues with the smoking area, by installing a tap and have a designated smoking area with fire blanket and signage. Maintenance and cleaning requirements for medical equipment is entered into consumers progress notes to ensure it is completed. The responsibility for cleaning of consumer’s chairs and personal equipment, is unresolved as it is not part of the cleaner’s contract.

I find that the approved provider is not compliant with this requirement at the time of assessment.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team interviewed consumers and representatives who overall considered that they feel safe and comfortable in the service environment. One consumer said this is the best place for me, I get the help I need. Two consumers said their family is made to feel welcome, and they like that they can have their own things, such as pictures and the like, which make it nice. Consumers stated the service environment, is clean and well maintained.

The Assessment Team observed the environment to be clean, however due to the recent establishment of a memory support wing, not all rooms were labelled with a number or consumer name to assist them in identifying their room.

The Assessment Team found that while there is a preventative and reactive maintenance system, not all maintenance items have been actioned in a timely manner. The service demonstrated the service environment is clean, well maintained and comfortable and allows consumers to move freely both indoors and outdoors. Management monitor the service environment through audits, surveys and consumer feedback. Results demonstrate while the service has a scheduled cleaning and maintenance program, not all maintenance items are signed as completed. Staff support consumers to access the living environment.

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.*

### 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) Non-compliant

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

The Assessment Team found the service was not able to demonstrate furniture, fittings and equipment were safe, clean, well maintained and suitable for the consumer. The Assessment Team identified not all maintenance items have been actioned in a timely manner. The system has a priority rating for items, however not all items have been prioritised or closed out as they are actioned. Management was not aware of the number of outstanding items, or if they were in progress or had been finalised. Management said they are reviewing the maintenance workload to assist staff completing tasks. Consumers do not always have access to a working emergency call bell in their bathroom, call bell pendant or sensor mat or when they have been provided a bed sensor to assist in falls prevention. Staff said they have reported reactive maintenance issues; however, some items are still ongoing.

The Assessment Team identified not all maintenance items have been actioned in a timely manner. The system has a priority rating for items, however not all items have been prioritised or closed out as they are actioned. The service is transitioning to an electronic reactive maintenance program, as part of their quality management system. The Assessment Team reviewed the tasks and events list from 1 July 2021 to 28 October 2021 and identified 56 reactive maintenance items and 13 scheduled items listed as pending.

The approved provider responded to the Assessment Team’s report and advised that all maintenance tasks noted in the team’s report have been closed out.

I have found that the approved provider is not compliant with this requirement at the time of assessment.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team interviewed consumers and representatives and found that while most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, a number of consumers said their complaints about food are ongoing and said they are not always satisfied with the call bell response times. Consumers said that they have provided feedback about the quality and temperature of meals; however, these are ongoing. They are not always satisfied with the call bell response times as staff come in and turn off the bell and take a while to return.

One consumer said she was satisfied with the outcome of a complaint raised about staff being verbally rude to them.

The service demonstrated they have a feedback and complaints system, and encourage feedback from consumers, representatives, and staff. However, while feedback is logged, not all actions to resolve complaints occur in a timely manner. Food complaints have been ongoing since January 2021, and while the service has implemented some remedial actions to resolve the complaints, the issues continue. The service was not able to demonstrate feedback and complaints resulted in improvements to the quality of care and services provided to consumers.

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

## Assessment of Standard 6 Requirements

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

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

### 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) Non-compliant

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

The Assessment Team found the service was not able to demonstrate feedback and complaints resulted in improvements to the quality of care and services provided to consumers. The Assessment Team identified trends in consumer feedback about the quality of food services had not been used to effectively improve outcomes or satisfaction with meal services. Over half of consumers interviewed raised concerns about the quality, temperature and taste of meals which have been ongoing for 12 months.

The Assessment Team asked management why the feedback had not been used to improve outcomes or satisfaction with meal services. Management advised, that they had food focus meetings and had initiated some actions such as reheating meals in the microwave. However, management have not evaluated the effectiveness of these measures. Consumers continue to provide the same feedback about how the reheating of cold meals affects their enjoyment of their meals, and the complaints register still records ongoing complaints each month about food services.

The approved provider responded to the Assessment Team’s report and advised that the external catering service has conducted surveys and food sampling trials, to improve on the quality and taste for consumers. The service has also accessed trials of Baines Marie to improve the temperature of the food.

I find that the approved provider is not compliant with this requirement at the time of assessment.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation 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.

The Assessment Team found that most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However, six consumers said while they are satisfied staff do all they can, they do receive cold food and wait at times for their call bells to be answered for assistance with some personal care activities and reheating of their food.

The Assessment Team interviewed consumers who confirmed that staff are kind and caring, however a number of consumers said they can wait for staff to answer their call bell which can impact on their continence needs.

Consumers interviewed confirmed that staff know what they are doing, but they could always use more staff to help.

The Assessment Team found that the service demonstrated staff are recruited, met statutory requirements for working in Aged Care, have the appropriate qualifications and knowledge to perform their roles. Onsite induction process assist staff to undertake their duties, however the service could not demonstrate they undertake regular assessment, monitoring and review of each member of the workforce.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that the service was unable to demonstrate their workforce is planned to enable the numbers and mix of members to deliver and manage safe and quality care and services. Consumers have reported there are delays for staff assistance and when their meals are delivered to their rooms, they are cold. While care staff do additional duties such as meal service, this restricts their time to attend to call bells. Management state while they are unable to access additional staff due to the service’s regional location, they have recruitment strategies to improve their staffing levels. Management do not have a process to identify how many care staff shift hours were deficient where care staff have called in sick.

Consumer interviews show that they are unhappy their needs are not attended to in a timely manner. Five of nine consumers interviewed stated staff do not come in time when they call for assistance.

The Assessment Team interviewed staff who stated they have enough time to do the basic care duties if nothing goes wrong on their shift, however collecting and serving meals and incidents impact this. They said they may handover some duties, or leave some documentation, but they work hard to get all their duties done.

The approved provider responded to the Assessment Team’s report and advised that they have had challenges attracting staff and will continue to advertise for additional staff, the provider has acknowledged that the call bell delays are unacceptable and will be reviewing calls bell response times and rosters. The external catering contract is due for renewal in January 2022, and the contract will include catering services to be provided by the service provider to alleviate the current impact on care staff to deliver meals to consumers.

### 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) Non-compliant

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

The Assessment Team found that the service could not demonstrate they undertake regular assessment, monitoring and review of each member of the workforce. Whilst the service demonstrated they have a framework, this has not been consistently implemented in relation to performance reviews, staff competencies and supervision of staff work practice. Staff interviewed did not consistently confirm that regular performance reviews were undertaken.

Although the Assessment Team did not receive any negative feedback from consumers about staff performance or skills, management were unable to demonstrate regular performance reviews, monitoring and review occur for each staff member. Management was not aware of the percentage of staff with a completed performance review and stated staff performance development reviews were not done in 2020 and reported they were last completed in 2019. Management reported these were to be completed on an annual basis and the reason these had not been completed was due to a change in key management in mid-2021.

The approved provider responded to the Assessment Team’s report and advised that they have recently advertised for a Human Resources Manager, who will oversee that the performance reviews and staff competencies are regularly conducted.

I find that the approved provider is not compliant with this requirement at the time of assessment.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team interviewed consumers who confirmed they are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Management could describe how consumers, and/or their representative/s are actively engaged in the development, delivery and evaluation of care and services. The Board engages with consumers, staff and management around cultural inclusiveness, incidents affecting consumer wellbeing, and the Quality Standards. Governance systems in place to effectively run the service. There is a documented risk management framework and a clinical governance framework which guides the systems and processes in running the service.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### 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.

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

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

The approved provider must demonstrate:

* Consultation is conducted with consumers for food choices and feedback to improve on the quality and taste for consumers.
* The service develops strategies to improve the temperature of the food for consumers.
* Potential contamination to food is alleviated by scheduled preventive maintenance to meal preparation areas conducted outside of meal times.

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

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

The approved provider must demonstrate:

* Consumer’s medical and personal equipment is maintained and cleaned.

### Requirement 5(3)(c) Non-compliant

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

The approved provider must demonstrate:

* All furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.
* Maintenance items are actioned in a timely manner and closed out as they are actioned.
* Emergency call bells in consumer’s bathroom, call bell pendants and sensor mats are regularly checked and maintained.

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

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

The approved provider must demonstrate:

* Feedback and complaints result in improvements to the quality of care and services provided to consumers.
* Evaluation of improvements are conducted to measure effectiveness.

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

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

The approved provider must demonstrate:

* The workforce is planned to enable the numbers and mix of members to deliver and manage safe and quality care and services.
* Delays in attending to consumers are investigated.
* Call bell delays are reviewed and responded to.

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

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

The approved provider must demonstrate:

* Regular assessment, monitoring and review of each member of the workforce is conducted according to framework.
* Performance reviews, staff competencies and supervision of staff are undertaken.