Lions Haven For The Aged

Performance Report

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**Commission ID:** 5188

**Provider name:** Lions Haven for the Aged Limited

**Site Audit date:** 25 May 2021 to 27 May 2021

**Date of Performance Report:** 12 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-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) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 22 June 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

Consumers generally considered they are treated with dignity and respect, can maintain their identity and live the life they choose.

Consumers and representatives said they are provided with information including a handbook on entry to the service and that they receive updates through meetings, telephone calls, emails and care review processes. They said this supported them to make informed choices about care and service delivery.

Consumers provided examples of how the service supports them to make decisions about risk related activities, for example using a motorised scooter. This included completing risk assessments and engaging in discussions with key staff about potential risks associated with the activity. Consumers’ care planning documentation evidenced discussions about risks with consumers but did not consistently include signed risk assessments; this was addressed by management at the time of the site audit.

Consumers and representatives said staff and management are respectful, the consumers’ privacy is promoted and that staff know them as individuals and what is important to them.

Staff demonstrated an understanding of what is important to the consumers and could describe how they ensure that consumers’ preferences are known and respected. Staff spoke respectfully about consumers and the Assessment Team observed them to be caring and respectful when engaging with consumers.

Staff said that if they saw a consumer being treated disrespectfully by a staff member they would intervene and report the issue to management. They said they would check the consumer’s well-being and provide support and reassurance.

Care documentation provided guidance regarding people who are important to the consumer and their individual preferences in relation to care and services, including how their cultural needs influence care and service delivery.

The Assessment Team observed information displayed throughout the service including the activity calendar of events, the daily menu and consumer feedback mechanisms. Additionally, televisions featured a pre-loaded application showing events, menus and other news related to the service.

Staff were observed knocking on consumers’ doors prior to entry and handover was undertaken in a private area. Small sitting areas were available for consumers and their visitors to meet. Consumers’ information was stored securely and documented processes were in place in relation to the use and disclosure of personal information.

The service has policies and procedures relevant to this standard and a Diversity Plan with associated guidelines and procedures. Resources to support the delivery of culturally safe care were available to staff. Training records identified ongoing training for staff in relation to treating consumers with respect and dignity and how to support consumers’ identity, culture and diversity when delivering care and services.

The Quality Standard is assessed 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

Consumers and representatives spoke highly of staff and generally said that they feel like partners in the ongoing assessment and planning of their care and services. They said staff had discussed end of life wishes and these were documented in the care planning documentation.

Consumers and representatives said staff were familiar with the consumers’ individual needs and preferences and provided examples of care and service delivery including in relation to wound care and behaviour management.

Risks were identified as part of the assessment and care planning process and strategies to minimise risks were included in care plans.

Consumers and representatives confirmed they are informed about the outcomes of assessment and planning for consumers and have ready access to the consumer’s care and services plan if they wish.

Staff demonstrated knowledge and understanding of the assessment and care planning process and described how this information is shared with relevant staff and used to inform care and service delivery. Staff described how they engage with consumers and their representatives and how outcomes of assessment and care planning are communicated. Staff were familiar with specific strategies to support consumers including in relation to behaviour management and falls prevention.

The Assessment Team reviewed assessment and care documentation for consumers and identified assessment processes are completed with the consumer and identify the consumers’ needs, goals and preferences including end of life preferences. Registered nurses, medical staff, a geriatrician and allied health specialists, including dementia specialists are involved in the assessment and care planning process as appropriate. Strategies to minimise risk of harm to consumers are incorporated into care plans and the Assessment Team identified examples of this in relation to falls management, pressure injury prevention, diabetes management and actions to minimise the risk of infections.

Assessments and care plans were reviewed three monthly for effectiveness, when there had been a change in the consumer’s condition, or when circumstances such as an incident had impacted on the consumer’s needs, goals and preferences. The Assessment Team found evidence that care plans were reviewed following behavioural incidents such as consumers leaving the service without advising staff, and that revised strategies had resulted in a reduction in these types of behaviour.

Policies and procedures relevant to this standard including palliative care and end of life planning, were available to guide staff and training is provided to ensure staff have the required knowledge and skills. Staff were familiar with incident reporting processes and understood how this could trigger a re-assessment. A suite of evidence-based assessment tools were an element of the electronic care planning system.

## 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 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives spoke highly of the staff and were generally satisfied with the care and services they received. They confirmed consumers received the care they need and have access to a medical officer or other health professional when required.

Consumers and representatives reported the service includes them in decisions about care and services and that for those consumers nearing the end of life, care provided supports the consumer’s comfort and dignity. Representatives provided examples of how they had been contacted following an incident or change in the consumer’s condition.

Care staff and registered staff could describe consumers’ individual needs and preferences and how these are managed. Staff understood risks associated with the care of the consumer and could provide examples of how they minimised risk of harm including risks associated with the care of consumers with complex behavioural needs.

Staff described how they deliver care to consumers approaching the end of life and how they promoted the consumer’s comfort. They said they have access to specialist palliative care equipment and that senior clinical staff develop a palliative care pathway in consultation with relevant people including the family and medical staff. The service can refer to palliative care specialists and the local hospital oncology unit if a need is identified.

Staff said they have access to the information they need to care for consumers and that if they have any queries or concerns this can be discussed with registered nurses.

The Assessment Team reviewed care plans and associated documentation and found that consumers were receiving care that was individualised, safe and effective. Care documentation demonstrated deterioration or changes in a consumer’s health care needs were responded to in a timely manner. For example, diabetes management included documented evidence of interventions applied when blood glucose levels were outside normal parameters; catheter care was occurring as directed; wound care included regular review and evaluation. The electronic care planning system included alerts to inform staff of changes in consumers’ care requirements and staff understood how the electronic care planning program supported care delivery.

The service had a suite of evidence-based procedures to guide staff in the safe and effective care of consumers including minimising the use of restrictive practices; recognition and management of pain; pressure injury prevention and falls prevention and management. Validated assessment tools were included as an element of the electronic care planning program.

The service collected monthly clinical indicator data and used this information to identify themes and trends. Staff have received education to support care delivery and to minimise risk to consumers. Recent education included dysphagia, meal assistance, restraint use and restrictive practices and anti-microbial stewardship.

In relation to the management and minimisation of infection-related risks, the service was not able to demonstrate that they had an established, coordinated approach to manage a possible outbreak of COVID-19.

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

### Assessment of Standard 3 Requirements

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

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

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

### 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) Non-compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The service did not demonstrate that an effective infection control program was in place to minimise the risk of infection, particularly in relation to a possible outbreak of COVID-19. Further, the organisation was not consistently adhering to Qld. Health Residential Aged Care Directions.

Requirements in relation to screening of visitors and the use of personal protective equipment were not being adhered to. Consumers and representatives advised that regular handwashing and screening processes upon entry for visitors were not being consistently practised by staff. Representatives provided examples of occasions where they had visited consumers without being screened on entry to the service.

The Assessment Team found screening processes were not being consistently implemented and thermometers to record temperature were not available at various entry points. Management staff advised the Assessment Team that monitoring of screening processes was not occurring and while they were aware of deficiencies in staff practice, action had not been taken to address concerns.

The Assessment Team observed that allied health professionals and other health related personnel, who work across various health settings, were not wearing appropriate personal protective equipment in accordance with Qld Health Residential Aged Care Directions. Management staff advised the Assessment Team that this requirement had been relaxed at the service as they felt the risk to the service was minimal at the time of the site audit.

The Assessment Team found that the outbreak management plan and the COVID-19 information folder were stored in an office that was not accessible to staff after hours, as the office was locked. Management staff advised that the information contained in these documents was not current. The Assessment Team found that the outbreak management plan did not include instructions in relation to workforce planning or surge workforce requirements in the event a critical staff shortage was experienced following a possible outbreak of COVID-19. Management staff committed to formalising workforce arrangements at the time of the site audit.

The Infection Prevention and Control Leads at the service had not completed the required training in accordance with legislative requirements.

Staff did not have a shared understanding of aspects of the infection control program including the procedures relating to the donning and doffing of personal protective equipment or the role and responsibilities of the outbreak management team.

The Assessment Team observed density signage was not evident in some areas of the service and social distancing was not being practised. Outdated information relating to COVID-19 was displayed within the service. Shared equipment was not being cleaned in between use and in some instances was found to be visibly soiled.

The approved provider’s response to the Assessment Team’s report states that the service has taken action to minimise infection related risks including:

* the outbreak management plan has been updated
* a single point of entry to the service has been established and screening processes are occurring
* signage relating to social distancing is now in place
* staff education has been provided
* additional sanitising stations and cleaning stations have been established
* increased monitoring to ensure compliance with COVID-19 requirements is occurring.

While I acknowledge the actions that the approved provider has taken, I remain concerned that management staff were aware of deficiencies in the infection control program during a pandemic but did not take action to address these concerns until this was identified by the Assessment Team.

I find this requirement is Non-compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers interviewed said they are supported by the service to do things they like to do that are important for their health, well-being and quality of life and that they are encouraged to keep in touch with people who are important to them. Consumers provided examples of the activities they enjoy including lunches with family, trips out into the community, bus trips and going to the local hotel for a drink.

Consumers said overall, they like the food, have enough to eat and their input is sought by the catering team.

Lifestyle assessments and care plans are completed by staff in consultation with consumers and representatives. Care planning documentation included information about the types of services and supports that consumers required, including spiritual practices and any assistance they need to help them do the things they want to do.

Staff could describe what is important to individual consumers and how they supported them and promoted their independence and quality of life. Staff provided examples of how they identify when consumers are feeling low and the actions they take and consumers confirmed that staff were alert to their emotional needs.

Lifestyle staff said they engage with consumers, representatives, volunteers, entertainers and community groups to identify additional activities to supplement the activity program. They advised a service dog visits the service and engages with various consumers.

The Assessment Team observed that equipment is available to consumers to support their mobility and independence and consumers confirmed they have access to the equipment they need.

The service evaluates the lifestyle program and monitors consumer satisfaction through feedback forms and surveys.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers said they feel at home at the service and found the service comfortable and clean. They were complimentary about their rooms and common areas both internal and external. Consumers were satisfied with the way they can decorate their rooms so that they are individualised and said they can close their doors if they desire privacy. Consumers said they were not disturbed by other consumers.

Consumers spoke positively about staff and and said staff interactions were warm, friendly and created a homely feel that is welcoming.

Management staff explained how the service is designed to support people who have cognitive impairment. The secure living environment incorporates dementia design concepts that reduce distracting stimuli and enable the movement and engagement of consumers and include for example wide corridors and signage.

Staff demonstrated an understanding of how to report maintenance issues and said these were attended promptly by maintenance staff. Maintenance staff described the preventative and reactive maintenance schedule and said that scheduled maintenance was up to date.

Cleaning staff said they follow a schedule and have sufficient resources and equipment to undertake their role.

The Assessment Team observed the living environment was generally clean, well-maintained and consumers were able to move around with ease, both inside and outside the service. Visitors were welcomed and assisted by reception staff and outside areas and gardens were tidy with covered walkways and outdoor seating available.

Some shared equipment, such as hoists and wheelchairs, were observed to be visibly dirty and I note that the approved provider’s response to the Assessment Team’s report states that this has been addressed. I have considered the weight of this information under Requirement 3(3)(g).

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 NON-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

Consumers and representatives provided mixed feedback about complaints processes. While some consumers were satisfied with the way their complaints had been managed, most consumers expressed dissatisfaction with the way their verbal complaints had been managed saying that care and services had not improved or changed as a result of their feedback.

Some consumers said they were not aware of formal complaints avenues for lodging a complaint within the service while other consumers said they could not access feedback forms.

Management staff advised the Assessment Team that they were not aware of the complaints raised verbally with staff and staff did not have a shared understanding of how to assist or support consumers to access complaints mechanisms.

Verbal complaints were not being consistently captured in complaints data and this information was not effectively being used to inform continuous improvement or improve the quality of care and services.

Consumers were provided with information about advocacy services and and language services on entry to the service via the consumer information handbook and the admissions pack.

Open disclosure processes were understood by staff and staff were aware of how to access translating and interpreting services.

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

## Assessment of Standard 6 Requirements

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

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

The service does not have effective processes for ensuring consumers have access to complaints mechanisms at the service.

Most consumers interviewed by the Assessment Team were not familiar with formal mechanisms for providing feedback or making complaints about care and services such as using feedback forms.

Two consumers provided examples of outstanding complaints that had been raised verbally and both reported that no action had been taken. One of the consumers was not aware of formal feedback mechanisms and another consumer reported they were unable to access the feedback forms.

The Assessment Team observed that there was limited access to feedback forms and a locked feedback box within the service. Management staff said that additional feedback forms and feedback boxes would be installed throughout the service to improve access.

Staff did not demonstrate a shared understanding of how they would support consumers to access the various complaints mechanisms if the consumer was unable to attend consumer meetings or experienced communication barriers that impacted their ability to provide feedback or make a complaint. Management staff said that additional staff training would be provided to support staff knowledge in this area.

The approved provider’s response to the Assessment Team’s report states that staff have received education in relation to complaints handling policies and that complaints mechanisms have been revised and now include an online feedback system. The consumer meetings will be used to communicate improvements and an audit program will monitor the effectiveness of the feedback and complaints system.

I acknowledge that the approved provider has taken action to improve complaints processes however evidence of these improvement was not provided. At the time of the site audit, consumers did not have an understanding of how to give feedback or make a complaint and this impacted the quality of their care and services.

I find this requirement is Non-compliant.

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

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

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

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

The service was not effectively documenting and recording complaints and was not able to demonstrate appropriate action was taken in response to complaints received from consumers when reported directly to staff.

While some consumers were satisfied with the way the service addressed their complaints, most consumers interviewed by the Assessment Team expressed dissatisfaction with the responsiveness of the service to the complaints that had been raised. This was particularly so for complaints that had been raised verbally. Consumers provided examples of verbal complaints that had been raised with staff that had not been responded to by management. Their concerns included staffing levels, call bell response times and quality of food.

The Assessment Team reviewed the service’s complaints documentation and identified that complaints raised verbally by consumers was not reflected in the documentation and did not detail the complaint, the actions taken to resolve the complaint or the effectiveness of those actions.

Management staff were not aware of these complaints and attributed this to the failure of staff to comply with the complaints policy which requires them to document verbal complaints on feedback forms.

During the site audit, management committed to providing staff with additional training in relation to complaints processes and this was confirmed in the approved provider’s response to the Assessment Team’s report. Complaints processes have been revised, staff have received additional training in complaints handling processes, avenues for consumers to lodge complaints have been enhanced, and an evaluation process has been established.

While I acknowledge the actions taken by the approved provider, evidence of improved outcomes for consumers was not provided in the response. I am satisfied that at the time of the site audit appropriate action was not being taken in response to verbal complaints that were made by consumers.

I find this requirement is Non-compliant.

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

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

The service was not able to demonstrate that consumer and representative feedback and complaints are reported, reviewed and analysed to inform and improve the quality of care and services.

Most consumers and representatives interviewed by the Assessment Team said that appropriate action had not been taken in response to their complaints and that they did not feel that there were changes or improvements to the quality of care and services.

Verbal feedback and complaints were not being consistently captured in complaints mechanisms and as a result complaints data was not accurate and could not be effectively analysed to identify trends and inform continuous improvement.

Management advised the Assessment Team that they would review current complaint processes and ensure that staff report complaints on feedback forms so that accurate complaints data was available to identify trends and inform continuous improvement. The approved provider in its response to the Assessment Team’s report stated that complaints processes have been revised, staff have received additional training in complaints handling processes, avenues for consumers to lodge complaints have been enhanced, and an evaluation process has been established.

While I acknowledge the actions taken by the service, the approved provider did not include evidence of improved outcomes for consumers in its response and I am satisfied that at the time of the site audit, the service was not effectively using complaints to inform continuous improvement activities and improve quality of care and services.

I find this requirement is Non-compliant.

# STANDARD 7 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

Consumers and representatives spoke highly of staff and said staff are kind and caring. They expressed confidence in the quality of care and services they received saying staff were knowledgeable and well trained.

A small number of consumers raised concerns about staff sufficiency and call bell response times but said that overall their care was generally attended to in line with their needs and preferences. Management staff demonstrated how staffing levels are reviewed and adjusted in line with consumers’ care needs.

Staff have access to a range of training programs through online learning and face to face education sessions with staff completing annual mandatory training modules. Staff competency is monitored through observations of staff practice, feedback from consumers and representatives and review of incidents. Management staff advised that the service is developing core and specialised skill assessments for registered staff.

Staff performance reviews were found to be conducted annually or when incidents occur or complaints have been received.

The Assessment Team observed staff interactions to be kind, caring and respectful. Staff demonstrated knowledge and understanding of individual consumers and knew what was important to them.

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-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

The organisation’s corporate structure included a Board of Directors, a Chief Executive Officer that is also responsible for onsite operations of the service, with support and oversight from an external accountant. Clinical governance and regulatory compliance was supported and monitored by the service’s Quality Manager, Clinical Manager and clinical team.

Consumers generally considered that the organisation is well run and that they can influence care and service delivery through their participation in consumer meetings, case conferences and informal discussions with management. Consumers said that members of the Board attend consumer meetings on an ad-hoc basis and are visible within the service.

A documented risk management framework was in place that addressed high impact and high prevalence risks, the abuse and neglect of consumers and incident management. In addition to this the organisation had a documented clinical governance framework and policies relating to antimicrobial stewardship and restraint minimisation. Policies and procedures relevant to these frameworks had been discussed with staff and staff provided examples of how they related to their work.

The governing body had systems and processes that were used to monitor care and services including clinical governance meetings, Board meetings, trending and reporting of clinical incident data and an auditing program.

While the service had organisational wide governance systems in place to support information management, financial management, workforce management and clinical care, the service was unable to demonstrate effective governance systems in relation to regulatory compliance, feedback and complaints and how complaints processes were used to inform continuous improvement.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 service was able to demonstrate that it generally has effective systems and processes relating to the management of information, financial governance and the workforce.

The organisation was not able to demonstrate effective governance systems in relation to regulatory compliance, feedback and complaints and continuous improvement.

The Assessment Team identified that staff were accessing policies and procedures that were not reflective of current legislation.

Management staff advised the Assessment Team that they were not adhering to the requirements of the Qld. Health Aged Care Directions relating to COVID-19 in relation to screening processes and the use of personal protective equipment.

The service’s continuous improvement system had failed to ensure corrective actions were implemented when deficiencies in staff practice were identified in relation to minimising the risk of a potential outbreak of COVID-19.

Feedback and complaints data was not effectively informing continuous improvement processes as verbal complaints were not being captured in complaints mechanisms. Management staff were not aware of complaints that had been raised verbally with staff and could not demonstrate how verbal feedback from consumers had been actioned or how it had resulted in improved care and services.

Strategies to address existing non-compliance with the Aged Care Quality Standards had not been effectively implemented, monitored and evaluated for effectiveness.

The approved provider’s response to the Assessment Team’s report states that:

* action has been taken to ensure outdated legislation is removed from the service
* increased monitoring is occurring to ensure staff compliance with Qld. Health Aged Care Directions and the outbreak management plan has been updated to reflect current requirements
* staff education and training has been conducted and includes complaints handling and responsibilities relating to COVID-19
* the complaints system and processes has been revised
* continuous improvement processes are being strengthened with increased involvement of the Board.

I acknowledge the approved provider has taken action to address the deficiencies identified by the Assessment Team in relation to governance systems. However, the response did not include evidence that the actions taken have resulted in improved outcomes and I am satisfied that at the time of the site audit, governance systems were not effective.

I find this requirement is Non-compliant.

### 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.

* Minimisation of infection-related risks through implementing standard and transmission-based precautions to prevent and control infection particularly in relation to a potential outbreak of COVID-19.
* Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Appropriate action is taken in response to complaints including verbal complaints that are raised with staff.
* Feedback and complaints are reviewed and used to improve the quality of care and services.
* Effective organisation wide governance systems relating to the following:
  + continuous improvement
  + regulatory compliance
  + feedback and complaints.