Maranatha House

Performance Report

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**Commission ID:** 0223

**Provider name:** Maranatha House

**Site Audit date:** 25 February 2020 to 28 February 2020

**Date of Performance Report:** 8 May 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 16 April 2020.

# STANDARD 1 NON-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

Overall consumers confirmed 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.

For example:

* The majority of consumers interviewed said they are treated with dignity and respect by all staff at all times. Consumers generally confirm staff ask what support the consumer would like with showering and other cares on a daily basis; and staff respect each consumer’s personal preferences.
* Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers said staff provide them with the opportunity to do as much for themselves as possible, and this includes making choices about their care and services on a daily basis.
* Many consumers said staff are like family, and consumers have known many of the staff since childhood.
* Two consumers said they really do whatever they wish on a daily basis, and staff assist them where needed.

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.

* Staff interviews show staff have a good understanding of what respect and dignity means for each consumer. The majority of care planning documents had individualised information regarding each consumer’s choices, needs and preferences. However, several consumer care plans were seen to have a generic goal of living “the Maranatha way”.

While consumers feel they are treated with dignity and respect, some staff communication regarding consumers was observed to be not respectful.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

I consider the service is non-compliant with this requirement. Comments were made to Quality Assessors by staff which, while they may not have been intended to be disrespectful, indicated a lack of respect to consumers. I acknowledge the approved provider’s contention that an adverse statement was unlikely to have been made and provided context about another statement, however I am satisfied as to the information received by the Quality Assessors.

### 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) Non-compliant

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

I consider the service is non-compliant with this requirement. The assessment team identified instances of staff not respecting the privacy of consumers when engaged with the assessment team. I acknowledge the approved provider’s submission regarding these interactions, however I am satisfied that in the examples given privacy was not afforded to the consumers.

# STANDARD 2 NON-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

Some sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services. For example: Two representatives provided examples of involvement in case conferences to discuss NDIS matters relating to their consumer. Two consumers said they have had discussions with staff about their needs, goals and preferences.

The Assessment Team found evidence of consumer and representative involvement in case conference discussion in relation to advanced care planning and documentation of end of life needs, goals and preferences.

However, care planning documentation did not consistently evidence comprehensive assessment and planning. Care plans were not consistently individualised relative to the risks to each consumer’s health and wellbeing.

Outcomes of assessment and planning are generally communicated to the consumer/representative or documented in a care and services plan, some consumers said that staff explain relevant information about their care but others felt it was not adequately explained. The service has identified issues with communication and has taken steps to address issues in this area.

The Assessment Team found that care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

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 service’s policies and procedures provide guidance for staff in relation to assessment and planning. However, the service was unable to demonstrate assessment and planning consistently aligns with these. The service has initiated monthly clinical audits and RNs review care plans quarterly. However, gaps and inconsistencies were observed in recently reviewed care planning documentation.

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

## Assessment of Standard 2 Requirements

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

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

I consider the service is non-compliant with this requirement. The assessment team identified that a falls risk assessment was not undertaken for a consumer with a high risk of falls, strategies and interventions not recorded for a consumer who was could become verbally and physically aggressive and pain charting did not record evaluation of effectiveness of medication for another consumer. The approved provider acknowledged the matters in relation to falls and indicated improvements had been implemented in relation to review of the effectiveness of medication. It provided context in relation to the consumer with possible aggressive behaviours but did not directly comment on the recording of strategies and interventions for that consumer who could become aggressive.

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

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

I consider the service is non-compliant with this requirement. The assessment team identified that care documentation did not either identify strategies to manage behaviours, detail the effectiveness of strategies or actions to be taken if not effective or identify a behaviour management plan. I acknowledge the approved provider’s submission in relation to the named consumers in relation to the management and behaviours of those consumers, however I consider that the strategies, effectiveness or actions were not reflected in the documentation reviewed.

### 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.*

I consider the service is compliant with this requirement. In its response the approved provider submitted information about a consumer’s decision-making ability in relation to diet. I have dealt with issues regarding behaviour management under other requirements.

### 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.*

I consider the service is compliant with this requirement. The approved provider submitted information about the availability of care and services plans to consumers. I have considered information about the content of assessment and planning under other requirements in this Standard.

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

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

I consider the service is non-compliant with this requirement. The assessment team identified that a consumer and their representative raised concerns about a consumer regarding continence, food intake and not feeling well, and no record of observations was seen or no follow up or review documented. I have considered the approved provider’s response to this issue and do not consider there was effective review of these concerns. The assessment team also identified that the effectiveness of pain relief was not always evaluated, and the approved provider stated that in response improvements had been implemented in relation to review of the effectiveness of medication. In relation to behaviour management, the assessment team identified that there was no evidence of review when it was seen strategies were not working and no recent behavioural charting for a consumer. The approved provider stated the behaviours of the consumers no longer occurred. I accept this submission in relation to behavioural charting but do not consider, however on the information available, that the documentation reflected that interventions were no longer required for the other 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

Some sampled consumers/representatives did not consider that they receive personal care and clinical care that is safe and right for them.

The service was unable to demonstrate each consumer receives safe and effective care and services that is tailored to their needs and optimises their health and wellbeing. Most consumers expressed satisfaction with care and commented about the kindness of staff. However, the Assessment Team also heard from three consumer representatives who did not wish to be identified. Each representative provided positive feedback about the kindness and caring nature of staff, but also provided negative feedback about particular aspects of their consumer’s clinical and personal care which concerned them.

The service did not demonstrate effective management of high impact and high prevalence risks such as falls, pain and behaviour management.

The Assessment Team found that deterioration and changes to consumers’ condition have not consistently been recognised or responded to in a timely manner.

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 service has policies and procedures that support staff to deliver effective care, the service is unable to demonstrate that in practice these are used to support safe and effective consumer outcomes. However, some of the service policies are broadly stated and open for interpretation and therefore do not provide adequate guidance for staff to ensure they are providing safe and effective care and services. This has impacted on consumers, particularly in relation for involvement of appropriate others in assessment and planning of care for consumers in relation to skin integrity, falls, pain, addiction and restraint.

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

### Assessment of Standard 3 Requirements

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

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

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

I consider the service is non-compliant with this requirement. The assessment team found, with regard to various consumers, that the effectiveness of behaviour management techniques was not always recorded, behaviour management plans were not always in place and strategies not recorded in care documentation. In relation to one consumer I am not satisfied that the administration or assessment of sedation medication was always under the supervision of a Registered Nurse or that its effects were closely monitored. In relation to another consumer, a request to move that consumer to another area of the service to protect other consumers was not acted upon. The effectiveness of pain relief was not adequately recorded and pain charting not always recorded. Falls risk is not always effectively managed, and an instance was identified where medications were not effectively managed. I acknowledge the approved provider’s submissions in relation to these matters, however I am not persuaded that those matters demonstrated safe and effective clinical and personal care.

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

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

I consider the service is non-compliant with this requirement. The service was unable to demonstrate how it monitors and adjusts its practices to manage high impact risks as identified in Standard 3 requirements 3(3)(a), including behaviour management, pain and falls. I acknowledge the approved provider’ submissions in relation to these matters, however I am not persuaded that cogent and systemic processes are in place to address the risks identified.

### 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.*

I consider the service is compliant with this requirement. I have considered information in this requirement under other requirements.

### Requirement 3(3)(d) Non-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.*

I consider the service is non-compliant with this requirement. The assessment team identified a circumstance where a consumer and his representative expressed concerns about changes in the consumers condition and not feeling well, however the assessment team found that no steps were taken to investigate the causal factors and refer the consumer for medical or other assessment. I acknowledge the approved provider’s submissions regarding its management of that consumer, however I do not consider this demonstrated timely and adequate response to changes in the consumer’s condition.

### 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.*

I consider the service is compliant with this requirement. I have considered information in this requirement about clinical care given to consumers under other requirements.

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

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

I consider the service is compliant with this requirement. I have considered information in this requirement about clinical care provided to consumers in other requirements.

### 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.*

I consider the service is non-compliant with this requirement. The assessment team observed an instance of poor hygiene control. The assessment team reported a low uptake of staff flu vaccination last season and identified the presence of flies interfering with meal service. Two consumers commented about the presence of flies. No concerns were identified in relation to practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

In its response the approved provider noted it was unaware of the incident with the staff member. However, the approved provider did not adequately identify how it encourages staff to undertake influenza vaccination and I am concerned at the low uptake. The approved provider noted that the region had recently received rain after many years of drought which resulted in an increase in flies. I acknowledge that the approved provider did not believe the presence of flies was endemic, however the approved provider did not identify additional measures it had implemented to control the identified increase. I have considered that two consumers stated they had complained about the many flies in the dining room.

# 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

Overall consumers confirm that they 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.

For example:

* Consumers interviewed report they are supported by the service to do the things they like. Consumers say staff go out of their way to assist them to do things of interest to them on a daily basis.
* Consumers interviewed said staff support them to stay in touch with people who are important to them.
* Overall consumers interviewed advised they enjoy the food. Most consumers said the food was lovely and they enjoyed a good variety of dishes.

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.

* There is an activity program developed in consultation with consumers monthly, and a separate activity program for Allworth unit specifically for those consumers living with dementia or cognitive impairment. There is an extensive one on one emotional and spiritual support program as well as a chaplaincy and pastoral carer service. There is also a large volunteer program, and volunteers visit consumers daily and assist with activity programs. There is a regular library service, and community visitors’ scheme.

Although consumers are happy with services provided, some consumers complained about the number of flies in the dining room. Observation shows there are many flies in the main dining room during the main lunch time meal.

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.*

I consider the service is compliant with this requirement. The approved provider submitted information to demonstrate how information is communicated within the service.

### 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.*

I consider the service is compliant with this requirement. The approved provider submitted information about the management of special diets for consumers named.

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

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

I consider the service is compliant with this requirement. I have considered information under this requirement under other requirements.

# 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

* Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment. For example:
* Consumers interviewed reported they feel safe in the service.
* Overall consumers interviewed confirmed that they feel at home. One consumer said their family is invited to all events and is provided with lunch or morning tea whenever they visit. Two representatives said they always feel welcome and are offered meals when they visit.
* Consumers said cleaning, catering and laundry staff go out of their way to assist whenever possible.
* Consumers interviewed report satisfaction with the service environment, apart from the flies in the dining room. Consumers said the flies in the dining room are a persistent problem, and an annoyance.

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 service is built on one level, with three separate areas, Eastside, Allworth and High care. There are several large garden areas which are easily accessed by consumers in all areas of the service. There are multiple lounge and smaller quiet areas where consumers can sit with families or friends. The hallways are large and well lit, with large open dining areas. There are chickens and a large bird aviary in the front garden area, and level walking paths and a low bridge around the facility. There are clean and comfortable furnishings inside and out. Consumers have free access throughout the facility.
* On day one of the site audit visit, signs were in each consumer’s rooms advising them not to drink the water from taps. Management said this was due to the lack of rainfall in the area, and the low dam levels. On day two, the restriction was lifted by the local Council, but the signs were left in place as the water has a poor taste. Management have installed water coolers throughout, and consumers were seen to have water jugs in their refrigerators, as well as water jugs and glasses in their rooms.

Although consumers are happy with the physical environment, the flies at meal - times in the main dining area are a source of annoyance to consumers and pose a potential risk to consumer safety; food safety and contamination. The presence of flies in the dining areas were observed to cause discomfort and annoyance to many consumers at meal- times over the three days of the site audit.

The current buzzer system presents a potential risk to consumer safety and does not

#### optimise each consumer’s feelings of safety and independence.

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.*

I consider the service is compliant with this requirement. I have considered information in this requirement under other requirements.

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

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

I consider the service is non-compliant with this requirement in relation to call pendants. The assessment team found that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer other than the current individual pendant buzzers, which were not always operating effectively, with issues in relation to needing regular repairs and not always operating within all areas of the service. In its response the approved provider submitted information about two consumers named and I am satisfied with this information. However, it did not dispute the information about the deficiencies in the system, which I consider present a risk to consumers, and noted that the system is in the process of replacement.

# 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

Some consumers sampled consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Some consumers said that they are comfortable raising complaints, are aware of how to do this and are supported to do so. However, many consumers and representatives said that they do not feel supported by the service to raise a complaint and they fear reprisal if they make a complaint.
* One representative interviewed said that the service was responsive to feedback in relation to care provided and made changes accordingly. Overall, consumers interviewed could not immediately recall any changes made to service provision in response to complaints, in recent months.

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.

Policies related to complaint management are available for staff within the service to support consumers. Staff are encouraged to manage complaints ‘on the spot’ and feedback from staff confirmed this.

Some consumers and representatives said that they were reluctant to raise issues within the service as they were not supported or confident that there would be negative consequences as a result. Information regarding advocacy services were not always available for consumers.

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

## Assessment of Standard 6 Requirements

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

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

I consider the service is non-compliant with this requirement. The assessment team identified that a number of consumers or representatives interviewed did not feel encouraged or supported to make complaints. The assessment team recorded that management stated that consumers with difficulty communicating were assisted by staff to complete the three-monthly survey. The assessment team also identified that feedback forms were not readily accessible. In its response the approved provider stated that feedback forms were easily accessible and provided details of complaints received. However, I am persuaded by the sentiments expressed by consumers and representatives. Further, no information was provided on the means by which consumers with communication difficulties are supported to raise issues outside the three-monthly survey cycle.

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

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

I consider the service is non-compliant with this requirement. The assessment team found that information on advocacy and other methods were not readily available, and that staff interviewed could not describe the advocacy services available. The assessment team noted that staff advised that all consumers spoke English and did not require language services. In its response the approved provider strongly disputed the availability of brochures on advocacy services and provided some context on issues raised by a representative. However, I do not consider that the service could demonstrate that, beyond provision of brochures, that consumers are made aware of all means of 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.*

I consider the service is compliant with this requirement. The information provided indicated that, of the complaints and feedbacks recorded, appropriate action was taken.

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

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

I consider the service is compliant with this requirement. The information provided indicated that, of the complaints and feedbacks recorded, they are reviewed and used to improve the quality of services.

# 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

Most sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Most of the consumers sampled said that staff are kind and caring, and that they respect their culture, diversity and the care and services choice that they make.
* Most consumers sampled were satisfied with the care that they received. Consumers and representatives interviewed said that the staff would seek advice from the registered nurse or more experienced staff if they could not assist the consumer with their care needs.
* Some consumers and representatives interviewed said that there was adequate staffing. However, consumers said that all staff allocated to a specific area generally go on meal breaks together and during these times staff are not accessible.
* Some consumers said that there were insufficient staff available in the dining room to enable timely service of food.

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 service rosters the same staff where possible to groups of consumers.
* The service is able to replace unexpected staff absences.

The service cannot demonstrate that care and services are undertaken by suitably qualified members of the workforce which is consistent with safe and quality care. Consumer feedback indicated that the meals service is not delivered in a timely manner for all consumers. The service cannot demonstrate that it has the right number of workforce members, with the right blend of skills to deliver care and services.

Regular assessment, monitoring and review of the performance of each member of the workforce is not consistently undertaken. There is no evidence of an effective management system, which links performance assessment, consumer feedback and incidents to individual staff training

The Quality Standard is assessed as Non-compliant as three 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.*

I consider the service is non-compliant with this requirement. The assessment team observed delays in meal service. Call bell response data indicated that in a period call bell response times exceeded the service’s limits on a number of occasions. The service was unable to demonstrate appropriate Registered Nurse coverage on evening shifts, and the assessment team identified concerns about the ability of staff on duty to safely administer certain medications. I have identified concerns regarding the provision of care to and assessment of consumers under other requirements, including In relation to the administration and assessment of sedation medication given to a consumer.

The approved provider challenged the observations regarding meal service and I am unable to make a definitive finding about delays in meal service. I acknowledge the approved provider’s submission relating to whether it is legislatively required to have clinical coverage at all times, however it was not able to demonstrate that its current staffing profile 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.*

I consider the service is compliant with this requirement. The assessment team observed that interactions were kind, caring and respectful. I have considered comments made to Quality Assessors by staff about consumers under another requirement.

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

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

I consider the service is non-compliant with this requirement. The assessment team found that the service could not demonstrate the number of staff who had completed mandatory training as records of training were fragmented and that documentation of competencies, orientation and mandatory training was inconsistent and incomplete. I have identified concerns regarding the provision of clinical assessment and care under other requirements. I acknowledge the approved provider’s submission that staff were in the process of completing training and on-line learning, however I am not satisfied that it was able to adequately demonstrate this.

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

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

I consider the service is compliant with this requirement. I have considered information under this requirement under other requirements.

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

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

I consider the service is non-compliant with this requirement. The assessment team found that regular assessment, monitoring and review of the performance of each staff member of the workforce was not consistently undertaken or that identified needs were used to support performance. In its response the approved provider stated that staff appraisals are completed annually and are ongoing, however I am not satisfied it was able to demonstrate this.

# 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

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

For example:

* Most of the consumers and representatives interviewed confirmed that the service was well run.
* Most of the consumers and representatives interviewed were aware of the Residents and Relatives meeting and some consumers said that they attend this meeting on a regular basis. Consumers said that they receive the minutes of the meetings and are kept up to date with the new building development.
* Some consumers interviewed said that they knew members of the Board and that they were aware that the Board met on a monthly basis.

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 services governing body said that they were committed to the delivery of quality care and safe services. Consumers were involved in some aspects of service delivery. However, the governance systems did not always support the delivery of quality care and services to manage high impact and high prevalence risks to consumers; information management; workforce recruitment and management; regulatory compliance and feedback and complaints.

The Quality Standard is assessed as Non-compliant as two 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) 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.*

I consider the service is non-compliant with this requirement with respect to workforce governance and feedback and complaints. I have identified concerns in relation to workforce planning, competencies and training and review. I have also identified concerns in relation to feedback and complaints. I have considered the approved provider’s submissions in relation to these matters but do not consider it has evidenced that its governance systems are effective in relation to these matters.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

I consider the service is non-compliant with this requirement. The assessment team found that the service did not have effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers. I have identified concerns in relation to behaviour management, pain and falls under Standard 3 requirement 3(3)(b). I have considered the approved provider’s submissions in relation to these matters but do not consider that it could show the effectiveness of its systems and practices.

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

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

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

# Areas for improvement

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

**Standard 1**

Requirement 1(3)(a)

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

* Ensure that staff understand and display respectful conduct toward consumers, particularly in respect of verbal communication by staff regarding consumers

Requirement 1(3)(f)

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

* Ensure that staff understand and display respect for consumer’s privacy, particularly when engaging with consumers directly

**Standard 2**

Requirement 2(3)(a)

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

* Demonstrate that that assessment and planning considers all relevant information in relation to consumers and is incorporated into care processes to inform delivery of safe and effective care and services

Requirement 2(3)(b)

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

* Demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including but not limited to behaviour management.

Requirement 2(3)(e)

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

* Demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, including but not limited to when clinical deterioration is noted or indicated or when strategies implemented are not seen to be effective.

**Standard 3**

3(3)(a)

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

1. is best practice; and
2. is tailored to their needs; and

optimises their health and well-being.

* Demonstrate that care is appropriate to each consumer’s clinical needs, and that it is reviewed and evaluated in a timely and effective manner and appropriate action taken.

3(3)(b)

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

* Demonstrate that high impact and high prevalence risks are monitored and identified and practices adjusted to manage these risks.

3(3)(d)

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.

* Demonstrate that 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.

3(3)(g)

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.

* Ensure that vaccination programs are in place for all consumers and staff in accordance with relevant legislation, guidelines and principles.
* Ensure effective infection control practices, including but not limited to staff practices and management of flies

**Standard 5**

5(3)(c)

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

Improvement:

* Demonstrate that the equipment for consumers to request assistance is fully functional and suitable for the use of consumers

**Standard 6**

6(3)(a)

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

* Implement measures to ensure consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

6(3)(b)

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

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

**Standard 7**

7(3)(a)

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

* Demonstrate that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services, particularly in relation to the provision of services and care requiring clinical oversight, and the responsiveness of care staff to requests for assistance

7(3)(c)

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

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

7(3)(e)

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

* Demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken, and that identified needs are used to support performance.

**Standard 8**

8(3)(c)

Effective organisation wide governance systems relating to the following:

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

* Implement effective and sustainable organisation wide governance systems, particularly in relation to workforce planning, competencies and training and review, and encouraging and supporting feedback and complaints and promoting all means of providing feedback and complaints.

8(3)(d)

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

* Implement risk management systems and practices which identify high impact or high prevalence risks associated with the care of consumers and which support effective management of these risks.