Marcus Loane House

Performance Report

6-14 Macpherson St
Warriewood NSW 2102
Phone number: 02 9998 3340

**Commission ID:** 0887

**Provider name:** Anglican Community Services

**Site Audit date:** 13 April 2021 to 15 April 2021

**Date of Performance Report:** 19 May 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | 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) | Compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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 7 May 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall most sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example, consumers and representatives confirmed staff make them feel respected by treating them kindly and always attending to their care promptly. Consumers said the staff always close the door while assisting them with their personal hygiene needs or activities of daily living.

Consumers and representatives interviewed confirmed they are encouraged to do things for themselves, saying they have a choice in what they do every day and staff know them well and know what is important to them.

Observations by the Assessment Team were that confidential information is returned to secure areas after use, staff do not speak about consumer’s confidential information in public spaces and computers in the nurse’s stations were logged off when not in use.

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

## Assessment of Standard 1 Requirements

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

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

Based on the information reviewed I find this requirement Compliant.

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

*Care and services are culturally safe.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

Overall sampled consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. For example, consumers and representatives interviewed confirmed they are involved in care conferences and can provide input to their care.

Consumers and representatives confirmed they are kept informed regarding the outcomes of assessment and planning. When changes are required due to decline in condition or function they are consulted, for example, with regards to end of life care, personal care needs and medication prescriptions.

Consumers are enabled to make choices in their day to day lives in order to live their best life. Where the choices present potential risk, assessments are completed and possible adverse outcomes discussed. Mitigating strategies are implemented wherever possible to avoid adverse outcomes.

Generally, care planning was found to address each consumer’s individual needs goals and preferences. However, management plans for conditions such as diabetes were not always accurately reflected in the complex needs care plan. Behaviour management care plans were not in chronological order and contained old information. The Assessment Team discovered consumer assessments and care plans had been updated while they were in hospital indicating they may not have been completed in partnership with the consumer.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

The Assessment Team found that where consumers with high risk diagnoses required specific instruction or management, this was not always reflected in the consumer’s care plan, for example diabetic management. In addition, the triggers for behaviours and management plans for prevention of these were observed to not be maintained in chronological order within behaviour care plans, making finding the most relevant or recent information difficult when reviewing the full care plan.

### In its response the approved provider stated it had reviewed all consumers diabetic protocols with medical practitioners and updated the behaviour assessment of a named consumer to improve its readability.

I acknowledge these improvements but find that at the time of the site audit this requirement was Non-compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

The Assessment Team identified that care plans for two consumers were updated while they were in hospital. It was unclear what information was utilised to update the care plans and how the information was gathered in partnership with the consumer or their representatives.

In its response the approved provider acknowledged this was not acceptable practice and stated it has taken measures to amend the subject care plans and to cease this practice.

I acknowledge these improvements but find that at the time of the site audit this requirement was Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers and representatives considered that they receive personal care and clinical care that is safe and right for them. For example, consumer representatives interviewed confirmed their consumers get the care they need. One representative said their parent’s pain is well managed and they had requested the medication be decreased to see if they can be more alert. One representative said their family member is well cared for, and while their cognitive function has declined they know they are pain free, and their wounds are regularly dressed.

Representatives interviewed confirmed that they have access to a doctor and other health professional when they need it. For example, one representative advised they have spoken with palliative care services, one representative said their parent sees care workers from another organisation. Three representatives said their consumers have received services from physiotherapy at different times.

All representatives interviewed advised they receive regular communication about the condition of their consumer. They also received regular communication regarding the lockdown procedures and visitation restrictions relating to COVID-19.

However, pressure injuries were not identified until they had become unstageable, with two injuries on one consumer having deteriorated in this manner. Wound photography was observed to not be attended to according to best practice or organisation protocols. Diabetic protocols were not seen to be effectively monitored. In addition, care staff interviewed required significant prompting to assist them in describing how care changes when a consumer is receiving palliative or end of life care. The Assessment team found that documented lifestyle and pastoral care interactions were minimal for the palliative consumer reviewed, and that electronic care planning documentation provided no instruction regarding where to locate the paper based palliative care plan. The Assessment team also identified that for the same consumer their bowel movements were not monitored.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that pressure injury prevention is not evidenced at the service with one consumer sustaining two unstageable pressure injuries at first documentation. Wound care photography is not always attended according to best practice or organisation guidelines. Wound care charts are not always reflective of narrative notes, measurements are not attended routinely, with wound depths not reflected or recorded accurately.

In its response the approved provider acknowledged gaps in its pressure injury and wound management and accepted that deterioration in a consumer’s pressure injuries should have been identified earlier. It also acknowledged opportunities in improving the photos of wounds and that wound photos were not in keeping with the wound procedure. It set out the steps and will take to address the issues identified.

The Assessment team also found that a consumer’s blood glucose levels were not taken since 26 February 2021 despite there being a direction they be taken weekly. In its response the approved provider acknowledged that the diabetic protocol should have been updated and discussed with the GP and advised of the measures implemented to address this.

The Assessment Team also found that consumers who are diabetic and either refuse to have their blood glucose level checked or who are out of the service at the time of their blood glucose level coming due have the reading reflected as 0.0mmom/L. In its response the approved provider noted that its system requires that mandatory fields be completed but submitted evidence to show that the reason for a zero recording was recorded by staff, and I am satisfied with this response.

The Assessment Team further found that also found that for a consumer nearing the end of their life that their care plan states in two places they are no longer to be weighed yet staff continue to weigh them, recording a steady decrease in body weight. In is response the approved provider noted that this is a mandatory field but that staff can enter an additional note to show why a weight was not recorded, and as a continuous improvement exercise would work with staff to ensure consumers are not weighed when that direction is in place. I am satisfied with this response.

I acknowledge these improvements and the approved provider’s engagement with the issues, but find that at the time of the site audit, in relation to pressure injury and wound management, and monitoring diabetic management, this requirement was Non-compliant.

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

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

The Assessment team found that behaviours of concern are not always addressed or diverted to the satisfaction of others, particularly when the behaviours have impact on other consumers.

I consider that, while the management of the behaviours of a consumer were seen to be ongoing and concerns expressed how effective the management was, the information available indicates that there has been and continues to be ongoing input into this consumer, including advice from medical practitioners and specialist services, ongoing education and training for staff and involvement of family. In its response the approved provider gave details of further measures planned or in train. Issues were identified in relation to not all information in care plan and behaviour charts being filed in chronological order for that consumer which I have considered under Standard 2 requirement 2(3)(a).

The Assessment Team also identified issues in relation to recording and taking of blood glucose levels, taking of weights and issues in relation to continence management. I have considered these issues under Standard 3 requirement 3(3)(a) and 3(3)(c).

I consider this requirement to be compliant.

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

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

The Assessment team found that care staff interviewed required significant prompting to assist them in describing how care changes when a consumer is receiving palliative or end of life care. The Assessment team also found that documented lifestyle and pastoral care interactions were minimal for the palliative consumer reviewed, and that electronic care planning documentation provided no instruction regarding where to locate the paper based palliative care plan. The Assessment team also identified that for the same consumer their bowel movements were not monitored.

In its response the approved provider stated that it believed all staff providing this form of care were aware of the contents of the hard copy care plan but as a continuous improvement exercise would reference hard copy documentation in a consumer’s palliative care domain. It also noted it was providing ongoing education to staff, had made a number of clinical improvements and had written an End of Life Assessment which it was incorporating into its electronic care planning system. The approved provider did not specifically address the issues regarding bowel movements.

I acknowledge the numerous improvements implemented or planned by the approved provider and its strong engagement with the issues, however I find that at the time of the site audit this requirement was Non-compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment team found that the service has taken steps to ensure infection related risks are minimised. There is a detailed COVID-19 outbreak management plan readily available at the service. Registered nurses and care staff are aware of and could easily explain the practices used for the prevention and control of infection. All staff interviewed were aware of practices to promote the minimisation of antibiotic use at the service and to minimise development of antimicrobial resistance.

Based on this information I find this requirement Compliant.

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example, most consumers interviewed confirmed they are able to do the things they like to do and are supported by the service to do this. Consumers identified the people who are important to them and described the ways they are supported to keep in touch with these people.

Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with staff and the information documented in consumers’ care plans.

Consumers with varying levels of mobility were observed moving about the service, with staff providing support as required, and most consumers were observed to be engaged in activities of their choosing.

The service has a range of lifestyle supports and services available for consumers which includes options for consumers with varying levels of functional, cognitive and visual abilities.

Consumers interviewed said they enjoy the meals, they thought the variety of meals was sufficient and consumers were satisfied with portion sizes. They also said staff are knowledgeable on their food preferences and dietary needs.

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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service has a welcoming environment, is clean and well maintained. Consumers were observed to be moving around their units using a range of mobility assistive equipment, including wheelchairs and wheeled walkers.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained. This includes cleaning and maintenance schedules. Consumers said they felt their equipment was suitable for their needs.

Staff across all areas of the service said they have enough equipment to undertake their role and meet the needs of consumers.

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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example, most consumers and representatives interviewed felt comfortable and supported to provide feedback and make complaints. Staff spoke of encouraging and supporting consumers to do so and records reviewed confirmed this occurs.

Consumers and representatives were aware of the external complaint mechanisms. Consumers and representatives have access to advocate services to raise concerns regarding the organisation, and to resolve complaints.

Staff were aware of the external complaint mechanism but not of advocacy services, however there was evidence of the promotion of advocacy services and external complaint mechanisms within the service.

Overall, most consumers and representatives sampled stated that their complaints had been satisfactorily addressed. Care staff understood open disclosure and management were able to demonstrate that complaints had been adequately addressed or that an open disclosure process was consistently applied.

Complaints and feedback are reviewed and used to improve the quality of care and services. Examples were given of improvements to the services based on consumer/ representative or staff feedback.

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

## Assessment of Standard 6 Requirements

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

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

Based on the information reviewed I find this requirement 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

Overall, it was demonstrated that staff are kind and caring to consumers and they respect the consumers. Consumers and representatives report staff are kind and caring. Observations made and documents reviewed were consistent with this.

Most consumers and representatives considered that staff know what they are doing. It was demonstrated that members of staff have the qualifications and knowledge to effectively perform their roles. The service could demonstrate there is a robust system for establishing and monitoring staff competency relevant to their role.

Consumers and representatives interviewed said staff are trained and equipped to deliver their care and services. The service could demonstrate that the majority of staff have completed the SIRS training. Staff provided examples of training they have requested, and a review of training documents identified that training is mostly up to date.

Staff and management of the service could describe the performance appraisal process, and all confirmed this has taken place in 2020. Staff could describe how their feedback during this process has been incorporated and how the service has assisted in upskilling.

Some consumers did not consider there was an adequate number and mix of staff for delivery of safe and quality care. While most consumer calls for assistance via the call bell system have been responded to in a timely manner, some have not. Some observations made by the Assessment Team show that the presence of staff at times in some common living areas and the secure memory support units was minimal.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

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

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

The Assessment team found that while some sampled consumers and representatives said the number and skill mix of staff was adequate for the delivery of safe and quality care, however some did not and some of them advised of an adverse impact on the consumer. Staff said they generally felt there was enough time and enough staff to meet the needs and preferences of consumers. While most consumer calls for assistance via the call bell system have been responded to in a timely manner, some have not. Some observations made by the Assessment Team showed that staffing is minimal and has not always enabled safe and effective care and services for the residents. The Assessment Team observed service clusters where the staff were not present in the common living areas with approximately eight of the 17 consumers residing in the cluster unattended for extended periods of time. Consumers in the secure memory support units resulted in consumers were seen to be unsupervised or not assisted and sitting in front of televisions with limited other engagement.

In its response the approved provider submitted a detailed analysis of its call bell response times which it indicated showed a generally reasonable response time during peak periods. However, it acknowledged here was a delay in response times during a particular one hour period, and stated call bell response times will now be a standing agenda item at the Residents and Relatives meetings. The approved provider noted that it had not received any feedback over concerns on staffing levels bar one topic regarding hospitality, and gave details of its engagement with one consumer and analysis of call bell response times. It acknowledged the importance of supervision in the memory unit and stated that it would review its processes regarding supervision and engagement during staff training.

I acknowledge some of the clarity given by the approved provider, the improvements implemented and its strong engagement with the issues. However I find that at the time of the site audit this requirement was Non-compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The service demonstrated it has a governing body that promotes a culture of safe, inclusive and quality care and services. Management demonstrated improvements implemented, generated as a result of feedback received. The Board satisfies itself the Aged Care Quality Standards are being met through ongoing monitoring and review of the care and services, taking accountability for delivery and maintaining communication with staff, consumers and representatives. The organisation has governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a risk management framework and established systems to manage high impact and high prevalence risk. These are reflected in the organisation’s various policies and procedures. The service provides regular clinical governance reports on clinical risks, and the organisation’s electronic risk management system assists in identifying, assessing, managing, and reviewing clinical risks. The service has a clinical governance framework and policies relating to antimicrobial stewardship, minimisation of restraint and open disclosure. Staff were generally able to demonstrate knowledge and practices in relation to these policies.

The service’s risk management processes and implementation of policies and procedures are not effective in managing high impact high prevalence risks associated with the management of consumers to maintain and optimise health and well-being, in relation to the management of pressure injuries and wounds.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

Based on the information reviewed I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

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

Based on the information reviewed I find this requirement Compliant.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment team found that the organisation has a risk management framework and systems to manage organisational risk which are reflected in the organisation’s various policies and procedures. The service provides regular clinical governance reports on clinical risks, and the organisation’s electronic risk management system assists in identifying, assessing, managing, and reviewing some risks. However, the Assessment team found that there were inconsistencies in the staffs’ implementation of these systems which included omitted and incorrect charting of blood glucose levels, recording of weights, behaviours of concern not always being adequately managed and concerns in relation to management of pressure injuries and wounds.

No concerns were identified in relation to identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

I have considered the issues in relation to omitted and incorrect charting of blood glucose levels and recording of weights, and while some areas for improvement were identified I am satisfied with the approved provider’s response in relation to those matters. I have also considered the matters identified by the Assessment team in relation to behaviours of concern not always being adequately managed and I have not identified any concerns in this regard.

However, I consider that the approved provider’s systems were not effective in the management of pressure injuries and wounds, including deterioration in a consumer’s pressure injuries not being identified earlier and recording of wound photography not always being attended according to best practice recommendations or documented organisation policy and procedures.

In its response the approved provider acknowledged gaps in its pressure injury and wound management and accepted that deterioration in a consumer’s pressure injuries should have been identified earlier. It also acknowledged opportunities in improving the photos of wounds and that wound photos were not in keeping with the wound procedure. It set out the steps and will take to address the issues identified.

While I acknowledge these improvements and the approved provider’s engagement with the issues, I find that at the time of the site audit, in relation to an effective risk management system and practices to manage high impact or high prevalence risks associated with the care of consumers, and in particular in relation to management of pressure injuries and wounds, this requirement was Non-compliant.

### 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.*

Based on the information reviewed I find this requirement Compliant.

# Areas for improvement

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

### Requirement 2(3)(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.*

* Ensure that assessment and planning includes consideration of risks to the consumer’s health and well-being, particularly but not limited to consumers with high risk diagnoses requiring specific instruction or management, and that care plans accurately and contemporaneously reflect, among other matters, the triggers for behaviours and management plans for prevention of these.

### 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.*

* Ensure that reviews of care and services are based on contemporaneous assessments.

### Requirement 3(3)(a)

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*
* Ensure that clinical care is best practice, including but not limited to the monitoring, management and review of pressure injuries and monitoring diabetic management

### Requirement 3(3)(c)

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

* Ensure that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved, including but not limited through effective monitoring of bowel movements, ongoing education to staff, ensuring appropriate ongoing lifestyle and pastoral care interactions and ensuring ease of access to care planning documentation.

### Requirement 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.*

* Ensure that the number of members of the workforce deployed enables, the delivery and management of safe and quality care and services, particularly that resources are deployed in accordance with areas or times of need or demand.

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*
* Implement an effective risk management system and practices to manage high impact or high prevalence risks associated with the care of consumers, and in particular in relation to management of pressure injuries and wounds
* Monitor the effectiveness of this system