Mercy Place Abbotsford Nursing Home

Performance Report

2 Clarke Street   
ABBOTSFORD VIC 3067  
Phone number: 03 9419 3933

**Commission ID:** 3436

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 10 March 2021 to 12 March 2021

**Date of Performance Report:** 18 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 13 April 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers/representatives indicated in various ways they feel respected and valued by most staff. Consumers/representatives said staff are respectful of their ethnicity, spirituality, relationship status and culture.
* Consumers/representatives indicated consumers are supported to exercise choice and independence about their care and services.
* Staff members demonstrated an understanding of each consumer’s individual identity and described day to day practices that show respect for consumers’ personal privacy.
* The organisation has a suite of documents and processes to guide staff in supporting diversity, inclusion and dignity and choice.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall most sampled consumers and representatives indicated that they feel like partners in the ongoing assessment and planning of consumers’ care and services.

For example:

* Consumers and representatives said they are involved in the planning of care and review of care plans with staff, however, not all were aware that they can access their care plans.
* Consumers and representatives indicated staff work with them to establish what care and services are important to them to support the consumer’s health and well-being. Representatives said staff generally advise them of any changes to consumer needs or condition and contact them when incidents occur.

Care planning and assessment documentation for consumers sampled detailed individual needs and preferences, goals and consideration of risk. Care planning documents are regularly reviewed for effectiveness, were updated when needs and circumstances changed and included advanced care planning information according to the consumer/representative wishes. Management reported that consumers and representatives can apply for a copy of the care plan through the organisation’s system.

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

## Assessment of Standard 2 Requirements*.*

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

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

### Requirement 2(3)(b) Compliant

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

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The majority of consumers and representatives interviewed considered they receive personal care and clinical care that is safe and right for them.

* Consumers and representatives interviewed indicated consumer needs and preferences are effectively communicated in a timely manner. Consumers and representatives said they have access to a doctor or other health professional when they need it. One representative was not satisfied with the timeliness of the identification of a consumer’s pressure injury, and another representative was dissatisfied with the management of a consumer’s deterioration.
* Clinical documentation indicates strategies to manage consumers’ skin integrity, pain, behaviours and restraint minimisation are effective.
* Staff described specific high impact high prevalence risks for consumers in the service and how they minimise these risks. Care planning documents showed identified risks are effectively managed for consumers. Incidents are documented, analysed for trends and benchmarked. Policies and procedures to guide staff practice in the management of high impact or high prevalence risks are available.
* Staff described the approach they take for end of life care and how palliative care is delivered in accordance with the consumer’s wishes. Care planning documentation recorded the needs, goals and preferences of consumers on palliative care. External palliative care services provide support as needed and there are policies that guide the provision of palliative care.
* Information about consumers’ conditions contained in clinical documents is available to other health professionals who share responsibility for care. Staff described communication mechanisms such as handover and access to care information and demonstrated knowledge of the needs and preferences of consumers they care for. Policies and procedures are available to guide staff on communication and documentation practices.
* Care planning documentation demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management and staff described processes and examples of results of referrals to other services. Policies and procedures guide referral processes.

* The service has procedures to minimise infection related risks through the use of standard and transmission-based precautions. Staff outlined practices that minimise the transmission of infections such as strict hand hygiene. Management report the service has appointed and infection control lead staff member, however the person has yet to complete the required education course. The care manager is currently responsible for monitoring infection control an undertaking surveillance. Clinical documents demonstrated that consumers with diagnosed infections such as a wound or urinary tract infection do not routinely have pathology specimens collected to ensure the correct antibiotic is prescribed. There is an antimicrobial stewardship program.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found one consumer’s pressure injury was not identified in a timely manner. While a pressure relieving mattress was provided when the injury was identified, and appropriate management of the pressure injury was recorded, a referral to a wound specialist was not made. The Assessment Team found pain, skin integrity and restraint is managed effectively for other consumers sampled.

The approved provider response disputes the fact that the consumer’s pressure injury was not identified in a timely way and states that an incorrect classification was initially made. The wound did deteriorate to a Stage 2 pressure injury and was reviewed by a wound specialist following the site audit, when it was found to have deteriorated further. Following intervention recommended by the wound specialist the pressure injury is healing. The approved provider reports that staff have been provided with further education regarding correct classification of wounds.

I have reviewed all the information provided and while I consider there were deficits in the management of one consumer’s pressure injury, overall, I find this requirement Compliant. Evidence provided by the Assessment Team does not indicate systemic issues related to the provision of clinical care.

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

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

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team found a consumer, with a history of urinary problems, did not have a urinary tract infection considered when the consumer was confused post minor urinary surgery. Two days after the surgery the consumer had a fall. Appropriate observations and assessment were conducted. The consumer was admitted to hospital on request of their family four hours after the fall. In hospital the consumer was diagnosed with a urinary tract infection. The consumer has complex medical needs and is under the care of the inreach team. The Assessment Team provided another example of a consumer’s clinical deterioration being managed appropriately.

The approved provider response stated that prior to the fall the consumer had no symptoms of deterioration or change. Following the fall the consumer was confused and staff suspected that they had a urinary tract infection. The general practitioner was notified and was to visit that day. When the family requested a hospital transfer this was acted on in a timely manner.

I have reviewed all the information provided and on balance I consider this requirement Compliant. While there was possibly a delay in identifying the consumer’s urinary tract infection, appropriate treatment was provided following the consumer’s fall.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that while the service has procedures to minimise infection related risk through standard and transmission-based precautions, the cleanliness of the service and the condition of the environment may impact on reducing the risk of transmission of infection. Numerous areas of the service have surfaces which are not intact and there are chipped, worn and damaged timber frames, panels and doors in communal and consumer rooms. Bathrooms were noted to have mould and uneven chipped surfaces.

Staff outlined practices that minimise the transmission of infections such as strict hand hygiene. Management reported the service has appointed an infection control lead staff member, however allocated time to undertake responsibilities has not occurred and the person has not completed the required education course. Currently the care manager is responsible for monitoring infection control and undertaking surveillance. Monitoring of staff practice occurs and practical competencies are undertaken.

Clinical staff outlined how they monitor the use of antibiotics and minimise their use based on the individual consumer’s condition. Antibiotic usage is reviewed at the medication advisory meeting. Clinical staff acknowledged that pathology specimens for detection of an infection are not routinely undertaken for diagnosed wound infections or urinary tract infections and said that this should be completed.

The approved provider’s response acknowledges the service is old and needs a ‘facelift’, however, disputes that the service was dirty. The response states that there is an existing plan to address the issues raised in the Assessment Team’s report. The plan has been reviewed and some actions have been brought forward.

The approved provider’s response indicates that consumers’ medical practitioners are responsible for prescribing antibiotics and ordering pathology specimens. The response states that while nursing staff can encourage a doctor to take a pathology specimen, it is common practice for medical practitioners to prescribe a broad-spectrum antibiotic and take a specimen if this has not been effective after three to four days.

I have reviewed all the evidence and on balance I find this requirement Compliant. Evidence relating to the environment will be considered under Standard 5 Requirement (3) (b). I encourage the approved provider to continue working with general practitioners to promote appropriate antibiotic prescribing.

# 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

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.

Sampled consumers considered that they generally 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:

* Consumers interviewed said they receive the support required for daily living. Staff demonstrated they are aware of consumers’ needs and preference to provide safe and effective services.
* Consumers/representatives interviewed indicated ways they feel supported. Staff described how they identify consumers who require emotional support and provided ways they how they support consumers. Care plan reflects various ways to support consumers with their emotional, spiritual and psychological needs.
* Representatives sampled indicated mixed feedback regarding participation in activities or support for consumers to do the things of interest to them. Staff described ways they supported consumers to socialise, maintain personal relationships and encourage community participation. A consumer interviewed expressed he received support to maintain personal relationships.

* Staff described how external organisations and volunteers are involved to provide supplementary support for consumers. Lifestyle care plans reflect the involvement of other organisations in provision of lifestyle support.
* Some consumers are dissatisfied with the quality of the food being served.

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.*

The Assessment Team observed consumers during the visit with limited engagement in structured activities or supervision from staff. A lifestyle program is in place which includes a range of activities for consumers to take part in. Activity participation records of sampled consumers showed gaps in recording of attendance/ participation on scheduled activities. Consumers and representatives gave mixed feedback regarding the support provided to enable them to participate in the wider community and do things of interest to them. The Assessment Team acknowledged that the service is in the process of recruiting lifestyle staff and that at the time of the site audit had three staff members new to the lifestyle role and or the service.

The approved provider’s response states that some consumers enjoy sitting in the foyer areas with their friends and that this is recorded in their lifestyle documentation. The response also states that staff regularly check all consumers through the day. The response notes that staff will be supported to maintain appropriate records.

I have reviewed all the evidence provided and on balance I find that this requirement is Compliant as the evidence provided by the Assessment Team does not demonstrate systemic issues leading to consumers being dissatisfied with the support provided to engage in the community and to do things of interest to them.

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

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

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

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

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

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

The Assessment Team found some consumers reported dissatisfaction with the quality of food. The Approved provider response provides further evidence that while there were concerns raised by consumers about meals in 2020, current levels of satisfaction with the meals are high. The response provides additional information supporting the fact that consumers are provided with a choice of meals and outlines an improvement that has been implemented to ensure consumers who regularly have meals in their rooms are provided with additional opportunities for meal choice.

I have reviewed all the evidence provided and consider individual dissatisfaction with meals reported to the Assessment Team can be managed through the service’s complaint process. On balance I find this requirement is Compliant.

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Some sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. However, a number of consumers were dissatisfied with the environment.

For example:

* Consumers and a representative interviewed expressed dissatisfaction with the cleanliness and maintenance in the service.
* Two consumers using mobility chairs stated they can move around in the service with staff assistance.

The Assessment Team’s observed the service was not clean or well-maintained.

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) Non-compliant

*The service environment:*

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

The Assessment Team found that two consumers and a representative interviewed expressed dissatisfaction with the cleanliness and maintenance in the service. Scuff marks were observed in several bedroom and bathroom doors. Door handles have dirty marks on them. Several bathrooms have grime and mould in the shower area. The grouting in some of the bathrooms was uneven and rough. Walls and timber work were damaged from wear and tear. Some cupboards and timber panels were worn, and rough timber was showing.

The approved provider’s response acknowledges the service is old and needs a ‘facelift’, however, disputes that the service was is dirty. The response states that there is an existing plan to address the issues raised in the Assessment Team’s report. The plan has been reviewed and some actions have been brought forward.

I have reviewed all the information provided an on balance I accept the finding made by the Assessment Team and find this requirement is Non-compliant.

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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.

* Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints.
* The service has information on internal and external complaint mechanisms, advocacy information and access to language services. Consumers and representatives are generally satisfied with the awareness and methods to raise complaints.
* Consumers and representatives are not satisfied with action taken in relation to complaints. There were instances where issues had to be raised several times before any action is taken. Consumers who raised issues about meals said they have not seen improvements or been given updates about actions to be taken.
* The Governing body has oversight of the complaints system.

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

## Assessment of Standard 6 Requirements*.*

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

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

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

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

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

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

The Assessment Team found that some consumers were not satisfied with the acknowledgement of, or feedback about actions taken in response to complaints raised. In particular in relation to food services and cleaning. The Assessment Team also noted that the complaint register is not consistently completed.

The response submitted by the approved provider refutes the Assessment Team’s finding and states that the information relates to a time 18 months previously when the service’s complaint management was not optimal. The response states that a recent internal consumer survey identified high levels of satisfaction with consumers’ level of comfort in raising complaints and having them taken seriously.

Whilst acknowledging the information provided by the approved provider, on balance I find this requirement is Non-compliant as the approved provider, while demonstrating that consumers are comfortable raising complaints, was unable to demonstrate that appropriate action is taken in response to the complaints raised.

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

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

The Assessment Team found that while some improvement actions have been initiated in response to complaints, in particular in relation to the pharmacy service the service was not able to demonstrate that improvements are consistently undertaken in response to other issues raised.

The response submitted by the approved provider demonstrates that the service does have a quality improvement process. The response states that while issues in relation to food satisfaction raised by the Assessment Team are contrary to the data the service has, this information will be considered.

I have reviewed all the information provided and on balance find that this requirement is Compliant as the approved provider demonstrated that improvements are made in response to some issues raised.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

* Overall sampled consumers considered that they received quality care and services when they need them and from people who are caring, knowledgeable and capable.
* All consumers interviewed said staff were kind, friendly and caring and considered staff knew about their personal care needs and preferences.
* Consumers felt there were enough staff on duty and said they generally did not have to wait too long after activating their call bell.
* Staff training is recorded, the new Quality Standards training was conducted in 2019. There is a system to monitor staff completion of annual mandatory modules and medication competencies.
* The service’s performance monitoring of staff occurs at three and six months for new staff and thereafter an annual performance review.

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

## Assessment of Standard 7 Requirements

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

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

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

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

### Requirement 7(3)(c) Compliant

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

The Assessment Team found this requirement not met. I have considered the information provided in the report and in the approved provider’s response and consider that there is insufficient evidence to demonstrate that staff are not competent or do not have the qualifications and knowledge to effectively perform their roles.

I find this requirement is Compliant.

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives felt that there are opportunities for improvement with the meals and effective cleaning of communal facilities.

Consumers interviewed outlined how they were involved in residents and relatives’ meetings.

Clinical and non-clinical governance systems are in place to support the care of consumers.

The service regularly reviews, analyses and reports on relevant consumer data, investigating any trends to improve the quality of the care and services provided

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Compliant

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

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

### 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.

* Implement processes to ensure cleaning and maintenance of all areas of the service are effective.
* Implement processes to ensure all complaints are acknowledged, acted on as appropriate, and that feedback is provided to each complainant.