Mercy Place Lathlain

Performance Report

63 Archer Street   
CARLISLE WA 6101  
Phone number: 08 9361 8969

**Commission ID:** 7868

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

**Site Audit date:** 1 March 2022 to 3 March 2022

**Date of Performance Report:** 5 April 2022

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Provider’s response to the Site Audit report received on 29 March 2022.

# 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

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

Most consumers and representatives sampled said they feel valued and respected by staff and their identity, culture and diversity was valued. Some consumers said they sometimes wait too long for toileting assistance which can affect their dignity.

Care planning documentation for individual consumers identified what and who is important to them. Information on their life journey, cultural background, spiritual beliefs, family relationships, activities of interest to them and personal preferences was recorded. Staff were knowledgeable on consumers’ backgrounds, identities and preferences and were observed treating them in a friendly manner and with dignity and respect. Personalised decorations and personal photographs reflecting the consumers’ cultural or religious background were displayed in consumers’ rooms.

The service supports consumers to express their culture, diversity, identity and preferences. The organisation has documented policies and procedures relating to diversity and inclusion and a staff code of conduct, which outlines how staff are to treat consumers. For example, consumers were supported to maintain their faith through regular church services as well as visits from a pastoral carer.

Consumers and representatives were satisfied that the service supports them to make decisions about their care, involve others of their choosing and maintain important relationships. For example, staff helped consumers maintain contact with family by arranging video calls during lockdowns. Consumers and representatives could give examples of how the service supports them to be independent, take risks, exercise choice and make decisions about care and services provided.

The service demonstrated that it supports consumers’ choices and conducts documented risk assessments for those choices involving risk. Strategies were put in place for consumers taking risks to live the best life they can.

The service demonstrated they provide timely, current and accurate information to consumers and representatives. Most consumers and representatives said they get good information to help them make decisions. Two representatives said they do not always receive updates on the clinical care provided to their consumer. Information about the food options and activities timetables was observed to be readily available around the service. Language cue cards were available to enable consumers and staff to communicate clearly.

The service demonstrated consumers’ privacy is respected and personal information kept confidential. The service’s electronic care management system is password protected. Training was provided to staff on privacy and the service has policies and procedures relating to consumer privacy. Staff were observed knocking on consumer’s doors, requesting permission to enter and speaking privately with consumers.

Most sampled consumers and representatives expressed satisfaction with how their privacy and confidentiality is respected by staff however, some representatives noted consumers’ privacy might be disturbed by other consumers wandering into their rooms.

## 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

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

Consumers and representatives advised they participated in the initial assessment and ongoing review of their care and services. This included identifying their needs, goals and preferences, including their advanced care and end of life wishes, when they wanted to discuss them. Consumers and representatives were aware they could access their care plans if they wished.

Care plans examined reflected both the consumers’ and staff understanding of the care and services being delivered. Care planning documentation showed other individuals and organisations involved such as; dietitians, medical officers, dementia support and mental health services.

The service demonstrated assessment and care planning processes are effective in informing the delivery of safe and effective care and services. The service considers consumer risks and involves other health services such as; doctors, occupational therapists, physiotherapists and speech therapists to formulate a personalised plan for safe and effective care. Advance care and end of life planning was discussed with consumers and representatives when the consumer wished to. Other organisations or individuals were involved in the care of the consumer when required.

Plans are reviewed every 6 months and updated when consumer goals, needs or preferences change or when there is a change in the health of a consumer. The service monitors and analyses trends from clinical indicators including; skin integrity, falls and pressure injuries which it reviews monthly and reports on at the organisational level. The service also uses consumer/representative surveys to analyse the effectiveness of the care plans.

Staff were aware of their responsibility to report incidents or changes in a consumer’s condition and how this may prompt a reassessment. Clinical staff stated they informed consumer’s representatives when there was a change in the consumer’s health status and discussed any changes to their updated care plan.

The service’s electronic care management system, containing clinical assessment tools and clinical guidelines, policies and procedures was available to guide staff in their practice including for palliative care and advance care planning.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Non-compliance is in relation to Requirement (3)(a). Reasons for the findings are detailed in the relevant Requirement below.

The service demonstrated consumers generally receive safe and effective personal or clinical care, which is best practice, tailored to their needs and optimises their health and wellbeing. However, there were occasions when there were inadequate staff to provide best practice personal care that optimised consumers wellbeing.

The service was able to demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. Care documentation described the key physical and psychosocial wellbeing risks to each consumer such as pain, behavioural issues, pressure injuries and weight loss. Staff knew individual consumer’s risks and the mitigation strategies in place.

Consumers who were identified as having pain, or at risk of falls or pressure injuries were being provided safe, effective care, tailored to their needs and preferences. Consumers said their pain was well managed and they were happy with the care given.

The service demonstrated that consumers nearing end of life have their care preferences met and their dignity preserved. The service has policies and procedures that direct how staff manage advanced and end of life care.

Consumers who have chosen to complete advanced care plans have them recorded on the electronic care management system which staff can access. Staff could describe the practical ways they can ensure a consumers’ comfort and dignity is maximised. For example; pain relief, breathing comfort, oral care, hygiene care and repositioning.

Changes in consumer’s care needs are recognised and responded to in a timely manner. Consumers and representatives confirmed that the service recognises and responds appropriately when there is a deterioration or change in the consumer’s condition. Staff were able to explain the process for identifying and reporting changes or deterioration in a consumer’s condition to registered staff. Information relating to consumers’ condition, needs and preferences is documented in handover documentation, and communicated to others involved in their care. Staff attend shift handover to ensure information regarding consumers is consistently shared and understood.

Care planning documentation showed the timely referral to other health care providers is done as needed. Consumers were satisfied timely and appropriate referrals occur when needed and they can access other health supports. Staff described the process for referring consumers to other health professionals and how this informs the care and services provided for consumers.

The organisation has an outbreak management plan and documented policies and procedures relating to infection control and antimicrobial stewardship. Staff were aware of the policies and had been provided with training on both topics. All staff said they had received training in relation to infection control and COVID-19.

Staff were able to describe what they do to minimise infection risks and unnecessary antibiotic use. Staff confirmed there were adequate supplies of personal protective equipment and hand washing supplies available for use. Hand hygiene facilities were observed throughout the service. Consumers said they often see staff perform hand hygiene and their rooms are cleaned regularly.

All staff had received influenza and COVID-19 vaccinations. There is a single point of entry to the service and all people who enter the service are screened for vaccinations for flu and COVID 19 and had to sign the standard COVID 19 checklist and the safe WA app, before entering.

### 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.*

While the service generally provided safe and effective personal or clinical care, which was best practice, tailored to consumer’s needs and optimised their health and wellbeing. There were occasions when there were inadequate staff to provide best practice personal care that optimised consumers wellbeing. Evidence relevant to the finding included:

* Two consumers reported they had to wait too long in discomfort to be assisted to the toilet and sometimes their dignity was impacted.
* One representative said the service is very short staffed and they have to clean their parent’s teeth as the carers don’t have time.
* Two consumers advised their showering needs and preferences were not met as staff were too busy.
* One consumer advised they were in bed from 6.00 pm – 11.15 am as their care took time and staff were too busy to attend to them before then.
* Two care staff interviewed expressed concerns when they are short staffed they cannot properly attend to other consumers (who may be at risk of falling).

The Approved Provider’s response noted that the Assessment Report mostly found that residents are getting safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being. The Provider contended that one carer expressing concern that they may not be able to respond to a call bell involving a consumer at risk of falling because they are assisting another consumer in a shower, is insufficient evidence the requirement was not met. The Approved Provider’s response included evidence that the service’s fall rate was well within the industry accepted range of 3.3 – 11 falls per 1000 bed days.

I acknowledge the service has a falls rate within the accepted range and that the Assessment Report found the service generally provides safe and effective care. However, the requirement is that *each consumer* gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs and optimises their health and well-being. The evidence I have relied upon in the Assessment Report (summarised above) was not limited to one staff member’s concern around falls risks but a range of different concerns raised by multiple people. I have placed weight on the consumer feedback and examples showing each consumer does not receive safe and effective personal care in line with best practice, consumer needs or to optimise consumer health and wellbeing.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Non-compliance is in relation to Requirement (3)(c). Reasons for the findings are detailed in the relevant Requirement below.

While the service was able to demonstrate there are community links that encourage consumers to participate in their community and maintain personal relationships, the service was unable to demonstrate consumers had adequate services and supports to do the things of interest to them. Some consumers and representatives interviewed expressed dissatisfaction with the activities offered by the service, stating they were either not interested in the activities, or, in some cases, were looking forward to activities only for them to be cancelled.

Review of care planning documentation demonstrates each consumer file captures what and who is important to individual consumers to promote their well-being and quality of life. Care planning documentation clearly identifies important moments in a consumer’s life, history, as well as their hobbies and likes and dislikes.

Lifestyle staff explained how, on entry to the service, they partner with the consumer or their representative to determine the consumer’s individual preferences, including leisure needs, religious beliefs, social and community ties and cultural traditions. The service lifestyle program accommodates and modifies activities to cater for consumer’s needs, preferences, and varying levels of functional ability.

Staff also mentioned they continually request feedback from consumers or representatives, through surveys and consumer and representative meetings, about what activities they would like. Staff could explain what is important to consumers and what they like to do, and this aligned with the information in the consumer’s care and service plan.

The service was able to show how they promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives confirmed the service supports their emotional and mental health. The service supports them to stay connected with the people important to them through visits to the service, going out on social leave, and through the telephone or computer.

The service was able to demonstrate meals provided to consumers are varied and of suitable quality and quantity. Most consumers and representatives reported they enjoy the food and expressed satisfaction with the size and variety of meals.

The service cooks meals on site daily. Consumers are given two options for both lunch and dinner, and twice a week, special ‘chef’s choice’ or ‘resident’s choice’ meals are prepared. Additional options such as chicken kiev, finger food, mashed potatoes and sandwiches are always available to consumers. The kitchen was observed to be clean and tidy and kitchen staff were observed to be adhering to general food and work health and safety protocols, including wearing gloves and a hairnet. The most recent food safety audit was completed in January 2022.

A recent food survey of residents found most residents were satisfied with the food available. The Assessment Team observed a food focus consumer meeting with the chef, where approximately twenty consumers attended.

Consumers and representatives said equipment in the service is suitable, clean, and well-maintained. The Assessment Team observed equipment used to support consumers with their independence and to engage in lifestyle activities, such as mobility aids, exercise equipment and televisions, to be safe, clean, well-maintained, and suitable for the consumers’ needs.

Staff said there is plenty of appropriate equipment readily accessible when they need it. Staff said shared equipment is regularly cleaned and they described the process for reporting a maintenance issue when equipment is identified as being faulty or defective. They also mentioned faulty equipment is clearly marked until fixed. Maintenance documentation identified the scheduled maintenance for equipment which showed if it is complete or incomplete.

## 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) Non-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.*

While the service was able to demonstrate there are community links that encourage consumers to participate in their community and maintain personal relationships, the service was unable to demonstrate consumers had adequate services and supports to do the things of interest to them.

Some consumers and representatives expressed concern with the types of activities available and those activities were sometimes cancelled due to a lack of staff available.

One representative said consumers were often disappointed that certain activities they were looking forward to, like the coffee club were cancelled due to staff being unavailable for the activity.

* The Assessment Team noted the coffee club scheduled for 3 March did not go ahead and care staff instead arranged for another activity for consumers to participate in. (Management advised the volunteer who runs the coffee club was unable to come in that day.)
* One consumer did not think there are enough activities offered.
* One representative said the service used to do a bus outing, but this has not happened in the last year.
* The recent ‘resident leisure choices audit’ showed for all twenty consumers surveyed, their care plans do not outline how activities are to be delivered to them. Their leisure care plans had also not been evaluated in the last 3 months.
* For seven of the twenty consumers surveyed, their care plan did not reflect the activities and interests expressed by the consumer to the Assessment Team.
* Lifestyle staff said they were trying to organise more volunteers and pet therapy but COVID-19 had made it more difficult to arrange for external services to visit consumers.
* Management advised rostered hours for lifestyle staff had been changed so they started at 9:30 instead of 10:30 to ensure that activities such as coffee club could go ahead.

The Approved Provider’s response acknowledged that there have been challenges regarding their lifestyle program which they attributed to the impact of COVID-19. The service acknowledged that consumers’ Leisure Care Plans need to be reviewed again to ensure they reflect their current interests

The Approved Provider stated that there were some inaccuracies in the Assessment Report. The Provider said the leisure choice audit showed that 70% of residents’ care plans did outline how leisure activities were to be delivered. The Provider also stated that 100% of care plans had been evaluated in the last 3 months.

I acknowledge that COVID-19 has brought significant challenges and placed additional demands on services and their workforce. While the service acknowledged that consumers’ Leisure Care Plans need to be reviewed again to ensure they reflect their current interests, I also accept some leisure care plans did contain information outlining how activities were to be delivered. Notwithstanding this, the requirement is that services and supports for daily living assist *each consumer* to do the things of interest to them. The audit identified a proportion of consumers that were not satisfied that the activities available were aligned with their current interests.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall consumers felt they belonged and were safe and comfortable in the service environment. The service environment appeared welcoming and easy to navigate with clear signage. Individual rooms were decorated with personal items and photographs. The dining rooms are also used to play games and for activities. There were various different quiet spaces where consumers and visitors could meet. The outside areas and garden were tidy, with shaded areas and outdoor seating.

Consumers said the layout of the service was easy to understand with handrails and very wide hallways that supported the use of mobility aids. Consumers and representatives said they can move freely around the service and can access outdoor areas, with staff supervision. Most consumers and representatives said the service was clean and well maintained and they liked the availability of private areas for visitors and the pleasant outdoor areas. One representative commented that the bathrooms were cleaned daily but thought the bedroom was dusty and should be cleaned more often.

The service demonstrated it is safe, clean, well maintained, and comfortable, and consumers can move freely inside and outside. Both indoor and outdoor common areas were safe, clean, and well-maintained. Fire evacuation diagrams and illuminated emergency exit signage is displayed and fire-fighting equipment is readily available for staff.

Cleaning staff said there is usually time to clean the allocated rooms and a schedule is followed which outlines the rooms to be cleaned on each day. They mentioned if one cleaner runs out of time, the other will assist to ensure all allocated areas are cleaned. Cleaning staff could describe the service’s cleaning and infection prevention controls. The service is equipped with hand sanitising stations and other items such as, antibacterial wipes and hand washing liquid, to reduce infection risks.

The preventative maintenance program identifies works to be completed at specific times of the year. Preventative maintenance is managed by external contractors as the service does not have an onsite maintenance officer. Completed maintenance actions are recorded against each item and completed in a timely manner.

Consumers and representatives were satisfied furniture, fittings, and equipment were safe, clean and suitable for them. Mobility aids, chairs and leisure and lifestyle items were observed to be clean and appropriate for the needs of the consumers. Call bells and mobility aids were observed to be within reach.

Staff advised there was enough equipment and described how it is cleaned and maintained. If an issue with the equipment is identified, they tag the equipment as being ‘unsafe for use,’ inform the registered nurse verbally and complete hazard forms. The service has planned maintenance schedules for servicing of equipment by external contractors.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 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

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

Consumers and representatives felt encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Consumers and representatives were aware of the various methods complaints and feedback could be given. These methods included; formal written forms, talking directly to any member of staff or management, or being raised at the consumer and representative meetings.

All consumers and representatives interviewed said they were comfortable raising concerns with management, staff or through the feedback forms available and would not need to explore external pathways unless the complaint was not resolved to their satisfaction. Consumers and representatives felt they could access advocates and other services for raising complaints if they needed to.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising complaints. Information on how to make a complaint and access advocacy services is displayed at the service’s entry and included in the handbook provided to every resident. Staff interviewed showed an understanding of the internal and external mechanisms for providing feedback and making complaints.

The service was able to demonstrate that appropriate action is taken in response to complaints and staff have a shared understanding of open disclosure. The organisation has a complaints management policy and open disclosure policy, and these are used to guide staff during complaint resolution.

Staff and management were able to describe the process following the receipt of a suggestion or complaint. Care staff confirmed if they receive a verbal complaint directly from the consumers, they escalate this to the management level to be recorded formally for investigation and follow up.

Staff could explain the underlying principles of open disclosure including; acknowledging when things go wrong, offering an apology and explaining what will be done to address the issue. The complaints register showed feedback and complaints were documented and appropriate and timely action was taken using an open disclosure process.

Most consumers and representatives were able to identify positive changes which had occurred because of the feedback given. Some consumers and representatives said they were not satisfied the previous management had promptly addressed their concerns after they made a complaint, or when an incident had occurred however, did note a significant improvement after the change in management in late 2021.

Management said any verbal feedback or complaints from consumers and representatives are usually dealt with as soon as they are received. Staff were able to give examples of previous and current areas of complaints and the actions which had been taken to address them. Kitchen staff said feedback and complaints are regularly reviewed, and changes implemented to accommodate consumer requests.

The organisation’s continuous improvement plan (CIP) provided evidence that complaints and feedback are acknowledged by the service, evaluated, and used to improve the quality of care and services.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

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

The Non-compliance is in relation to Requirement (3)(a). Reasons for the findings are detailed in the relevant Requirement below.

While, the service mostly provided quality care and services there were occasions when the number and mix of members of the workforce deployed was unable to deliver and manage safe and quality care and services.

Consumers and representatives said that staff engage with consumers in a respectful, kind, and caring manner, and are gentle when providing care. Consumers and representatives said staff perform their duties effectively, and they were confident staff were trained appropriately and were competent to meet their care needs. Consumers could not identify any areas where training was needed.

The service has a suite of documented policies and procedures to guide staff to deliver care and services in a person-centred approach. The service was able to demonstrate that members of the workforce have the qualifications and knowledge to effectively perform their roles. All positions have documented descriptions and duty statements. Staff must meet the minimum qualification and registration requirements for their respective role and have current criminal history checks completed before they are allowed to work in the service.

New staff undergo a robust orientation and onboarding process, which includes buddy shifts with experienced staff in their role, site orientation, mandatory training, and core competency checks.

Staff performance is monitored through probationary and annual performance appraisals, feedback from consumers and/or representatives and input from other staff members. In addition, the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies.

Staff must complete annual mandatory training and competency assessments, including manual handling, fire and evacuation training and infection control practices. In addition, staff are required to complete monthly online training modules to increase their professional knowledge and capabilities relevant to staff training needs or changes to legislation or organisational policies or procedures. Training history is monitored, and staff will not be rostered if mandatory training is incomplete.

The service demonstrated the performance of staff is regularly reviewed, and action is taken to address poor performance. The organisation’s staff performance framework is set out in the organisation’s policies and procedures. New staff performance is monitored closely and there are annual performance reviews for all staff. Where staff performance is not up to standard it is addressed immediately through various strategies.

## 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 the service does not always have enough members of the workforce to deliver safe and quality care and services every day. Evidence relevant to the finding included:

* One consumer said the service is badly understaffed and at times they wait a long time for the call bell to be answered they try to hang on to their full bladder until it hurts then they may have to use their continence aid which they find highly embarrassing. The consumer also said they would like staff to have more time to speak to them and provide a shoulder to cry on now and then.
* One consumer said the service is “understaffed and staff are overwhelmed” and they were told they can only shower every Monday and Thursday. The consumer also said short staffing meant they have to wait too long to go to toilet - 20 minutes sometimes. The consumer also said they were in bed too long as they get put to bed early at 6pm and are last to get up at 11.15am, as their care takes a while and is left to last.
* One consumer said they get short staffed at times and “when I ring the bell, they don't always come straight away. Sometimes it is 10 to 15 minutes. But usually it's okay.”
* One representative said the service is very short staffed and they have to clean their parent’s teeth as the carers don’t have time.
* One consumer advised their showering needs and preferences were not met as staff were too busy.
* A few staff said they do not always have enough time to provide one on one attention or emotional support to consumers as much as they would prefer.
* A care staff said there is a staff shortage which is unsafe for consumers. The care staff noted a consumer that does not get a shower as often as they want.
* A care staff said one consumer that prefers a shower to a wash mostly gets a wash due to being short staffed and no time to shower them.
* One care staff said they are short staffed most days. They cannot assist a consumer with breakfast until later as they had ten consumers to give medication to first and had to make their coffee and toast and assist with their care needs and they were the only carer on as the other was sick.
* The Assessment Team observed one visibly stressed care staff member on their own to care for ten consumers.
* The service manager was aware of the short staffing and said they are currently recruiting ten additional care staff with seven applications already approved. They introduced a $6 per hour pay rise to help attract and retain staff.

The Approved Provider’s response stated the service has worked hard to recruit more staff however, they acknowledged that there have been occasions when the facility has had to work without the full quota of staff resulting in significant time pressures on the available staff, or staff have had to work double shifts resulting in exhausted staff. The Approved Provider also made the following points:

* Any staffing shortfall is not a rostering issue, the baseline roster is more than adequate to meet the care needs of the residents. It is an inability to fill vacant shifts as even the agencies are often unable to provide staff.
* It is a time of great challenge in aged care with many staff resigning due to COVID-19 related factors and there is a limited pool of staff available to replace them.
* The workforce is planned, but this is not a ‘normal’ time in residential aged care due to the current variant of the pandemic. The ability to access a full workforce is a day-to-day prospect that cannot be predicted. It is not fair or reasonable to judge any service on this at the present time.

I have considered the Assessment Team’s report and the response provided by the Approved Provider. I accept that the COVID-19 pandemic has brought significant challenges to the aged care sector and the service is in the process of recruiting ten more staff. However, there has been over two years to make adjustments to ensure the Standards are met and a deficit of ten staff is significant. I find the service was not able to demonstrate that the number and mix of members of the workforce deployed always enabled, the delivery and management of safe and quality care and services*.*

Based on the evidence summarised above, I find the service Non-compliant with this Requirement.

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most consumers and representatives considered the service was well run and they were partners in improving the delivery of care and services. Consumers and representatives said the service communicates with them regularly, they can suggest improvements and they are kept informed of any changes that may impact their care and services.

Management engaged with consumers about the service through; care reviews, feedback and complaints, audits, surveys, consumer and representative meetings and direct discussions with staff. There are six weekly consumer meetings with records kept of the issues raised and the response of management.

The organisation’s Board is accountable for promoting a culture of safe, inclusive and quality care at the service. There are Board meetings every 6 weeks that include governance arrangements and quality assurance against the quality standards and other key performance benchmarks.

The service has implemented effective governance systems relating to the information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Clinical and care procedures are reviewed with changes to legislation and best practice based on current best evidence and experts in the field. Risk management systems and practices have been implemented by the organisation and a process has been established to monitor and ensure their effectiveness.

The organisation had a documented risk management framework, including policies describing how:

* high impact or high prevalence risks to consumers are managed.
* the abuse and neglect of consumers is identified and responded to.
* consumers are supported to live the best life they can.

The service has an incident management system which is analysed to reduce the risk of a similar incidents occurring and to identify opportunities for improvement. A Medication Incident Report is used to report any mishap or incident related to consumer medication.

The service’s policies and procedures had been updated to reflect recent legislative changes. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

The organisation provided a documented clinical governance framework which includes:

* A policy for antimicrobial stewardship.
* A policy for minimising the use of restrictive practice.
* An open disclosure policy.

Management demonstrated that they have implemented a clinical governance framework that is understood by the service’s staff and there is a person employed to lead and coordinate the antimicrobial stewardship program.

Staff were able to describe strategies to minimise infection risks such as; strict adherence to hand hygiene, correct donning and doffing of personal protective equipment and quick identification of symptoms of infection. Staff demonstrated knowledge around antimicrobial stewardship noting the need to discourage unnecessary use of antibiotics and to utilise preventions strategies such as promoting adequate hydration to try and reduce the rates of urinary tract infections.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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

* 3(3)(a) - Ensure each consumer gets safe and effective personal and clinical care that is; best practice, tailored to their needs and optimises their health and well-being.
* 4(3)(c) - Ensure there are services and supports for daily living that assist each consumer to do the things of interest to them.
* 7(3)(a) - Ensure that the workforce is planned and sufficient to enable the consistent delivery and management of safe and quality care and services.