Miranda Aged Care Facility

Performance Report

268 Port Hacking Road
MIRANDA NSW 2228
Phone number: 02 9124 9200

**Commission ID:** 2502

**Provider name:** Jesmond Aged Care Pty Ltd

**Site Audit date:** 23 June 2021 to 28 June 2021

**Date of Performance Report:** 9 August 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment conducted 23 to 28 June 2021, 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 26 July 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

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.

The Assessment Team found that most sampled consumers consider 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.

The Assessment Team interviewed consumers and representatives who said that staff are respectful in their interactions and are caring towards consumers. Consumers said they are generally supported to be independent and were satisfied with how staff respected their privacy.

The Assessment Team interviewed staff who could demonstrate they knew consumers’ backgrounds well and were able to describe different ways they supported consumers to make choices in their day to day life. Furthermore, they were able to describe ways they showed respect to consumers’ privacy when providing them care.

The Assessment Team found that the organisation could demonstrate how they gather information about consumers and their backgrounds and understand their specific cultural and spiritual needs.

Although consumers said they are generally treated with dignity and respect care provision does not always support the maintenance of consumer dignity.

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that most consumers are generally treated with dignity and respect. However, aspects of their care provision, particularly consumers living with dementia and cognitive impairment, does not always support consumer dignity. There was evidence some consumers living with dementia and cognitive impairment do not have their dignity maintained. No issues were identified with the maintenance of consumer identity, culture or diversity.

The Assessment Team observed a number of consumers whose dignity was not maintained, this included a consumer whose cutlery was out of reach and was therefore feeding themselves with their hands, with staff not noticing or assisting the consumer for several minutes. The Assessment Team also observed, another two consumers had incontinence incidents in the public areas and another distressed incontinent consumer with a partially removed incontinence aid calling out from their room.

The approved provider responded to the Assessment Team’s report and disputed the team’s findings, focusing on the identity culture and diversity of the consumer and not the respect and dignity. The approved provider’s response document ‘Miranda’s response to the Assessment Teams site audit report and attachment 1(3)a focussed on the grooming of the consumer and a clinical assessment form for a consumer stating that a consumer uses their hands to mix their food, however it also states that the consumer requires 1:1 assistance with eating. The provider stated that the Assessment Team had incorrectly identified the consumer, however later addressed requirement 3(3)a with the consumer who the Assessment Team had identified and observed with a differing explanation. The approved provider did not provide information about the incontinent consumer calling out for assistance for a long period of time and the distress of not having their dignity maintained.

I find that the approved provider is not compliant with this requirement.

### 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 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

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

The Assessment Team found that some sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumer representatives and found that some consumer representatives confirmed that they are involved in care planning and have access to care planning documentation. Most consumer representatives confirmed that they are informed about the outcomes of assessment and planning.

The Assessment Team identified that while the service has schedules to guide staff in completing assessments on entry and assist in the development of care plans, the process is not consistently followed. Files reviewed, and internal audits completed show assessments are not completed in relation to the services schedule. Risk assessments are sometimes completed but the information is not used to manage risk.

The service has a system of regular reassessment and incident recording however these processes are not used to determine the effectiveness of planned care. When incidents occur, they are not always recorded and reviewed.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that the service has a process to guide registered staff in the completion of assessments for consumers after entry to the service. The admission checklist is designed to guide compliance with the assessment process and lists assessments to be completed during the first 24 days. This process has been found to have a number of gaps. The Assessment Team identified that while needs like mobility, nutrition and hydration, skin integrity and pressure injury risk are to be assessed in the first 24 hours, commencement of pain charting and a pain assessment and management plan is not done until between day two to seven. Internal audits have identified numerous assessments that have not been completed.

### The Assessment Team reviewed consumer files which showed they have not consistently had assessments and plans completed for providing care on entry to the service. In some cases, this has left the consumer and staff in a vulnerable position. Consumers with high risk diagnosis and prescribed high risk medications did not have risks identified and assessed in the initial assessment process and interim care plan. For two consumers this lack of identified risk resulted in hospitalisation.

The approved provider responded to the Assessment Team’s report and provided additional information for one consumer. I have considered the additional information provided including the ‘Miranda’s response to the Assessment Teams site audit report and attachments 2, 3 4, 5 and 6, which includes interim care plan, shift reports, hospital discharge summaries and email correspondence with representative’, however I do not find that the service has responded to all of the issues raised by the Assessment Team and find that the service does not demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

I find that the approved provider is not compliant with this requirement.

### 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.*

The Assessment Team reviewed documentation and interviewed consumers, representatives as well as staff. Feedback received demonstrated that assessment and planning address the consumer’s needs and preferences. However, individual goals are not always identified for consumers sampled. The consumer goals within the care planning documentation are generic in nature and do not demonstrate the goals are driven by the consumer. Advance care and end of life planning is discussed at case conferences and end of life planning is documented for those consumers who choose to have one in place.

### 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.*

The Assessment Team found that overall the service demonstrates they are developing a partnership with consumers and/or their representative to involve the consumer/representative in the care assessment and planning of the consumer. Most consumers and representatives participate in case conferencing. Some consumer representatives said they have access to the consumer’s care plan. Allied health and other medical personnel contribute to the information contained within each consumer care plan.

### 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.*

The Assessment Team found that while the service has a system of regular reassessment and incident recording these processes are not used to determine the effectiveness of planned care. When incidents occur, they are not always recorded and reviewed to consider their impact on the needs, goals or preferences of the consumer.

The Assessment Team reviewed consumer’s care plans and for the sampled plans it was identified that many had not been updated after an incident or change in condition until several days following the incident or had not been updated following discharge from hospital. It was also evident that unmanaged behaviours have increased risk for the consumer and other consumers at the service and are not being reviewed effectively.

The approved provider responded to the Assessment Teams report and provided additional information. The information provided and relied on includes ‘Miranda’s response to the Assessment Teams site audit report and attachments 7, 9, 10, 11,12 13 and 14’. I have considered this additional information and have found that whilst there had been some delay in updating documentation following an incident or change in condition or discharge from hospital, it was generally updated within a short time frame. There are some areas that I will consider in requirement 3(3)(a).

I have found that the approved provider is compliant with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

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 Assessment Team found that most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team interviewed consumers and representatives who mostly confirmed they get the care they need. Consumers and representatives confirmed they have access to a doctor or health professional when they need it.

The Assessment Team reviewed documentation and conducted observations which indicated consumers do not receive effective personal care and clinical care tailored to their needs and that optimises their health and wellbeing in relation to wound care, behaviour, medication and bowel management.

The Assessment Team found that deterioration and change in consumers condition are not always identified and responded to in a timely manner in relation to pressure injuries and individual risks related to medication management.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that some consumers are not receiving personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing. There was evidence of deficits in relation to behaviour and wound management.

The Assessment Team found on review of sampled consumers, safe and effective care and behaviour management, has not been managed effectively. The team identified on the first day of the site audit, one consumer who had been calling out for an extended period, the Assessment Team knocked and entered the room and found the consumer incontinent, distressed and anxious, the bed was observed to be raised to the highest level and the consumer is identified to be at high risk of falls. The call report for the sensor mat was 27.38 minutes. On review it had been identified that this consumer had several unwitnessed falls and behaviour concerns and although the continuous improvement plan stated the consumer had been referred to Dementia Services Australia, there was no report located. This was evident for another sampled consumer where no report was located.

The Assessment Team also identified in relation to skin integrity and wound management, pressure injuries are not identified and escalated by staff in the early stages. Wound charting does not direct clinical staff to check on significant wounds on a daily basis and some wounds are deteriorating rapidly. Wound charts include photographs, but sometimes the description of the wound does not match with the accompanying photograph. Treatment regimen are changed without documented reasoning. Alternating air mattresses were observed to be at incorrect readings.

The approved provider responded to the Assessment Teams report and provided additional information including ‘Miranda’s response to the Assessment Teams site audit report and attachments 8, 15-20’. This additional information was considered however, I find that the service did not demonstrate 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 wellbeing, particularly with regards to wound management and behaviour management.

I find that the approved provider is not compliant with this requirement.

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

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

### The Assessment Team found that the service has a process of identifying consumers who are deemed at high risk based on clinical needs or outcomes such as risk of pressure injuries, nutritional issues, behaviours of risk and falls. The consumers at high risk are identified on the risk matrix as to number of risks. The system is not always effective in identifying risk, issues and gaps in skin integrity and wound monitoring, behaviour management and medication administration. The Assessment Team identified consumers who have had poor outcomes as a result of unidentified risk related to these areas.

The Assessment Team found that there has been inconsistent documentation of strategies to minimise risk of pressure injuries. The Assessment Team identified that risk to consumers who have reactive and challenging behaviours is not always identified and/or effective strategies developed to mitigate risk to themselves and others. The Assessment Team also identified that the service is not effectively identifying and managing the use of high-risk medications, where it was found that anticoagulant medication and insulin had been given at varying and inconsistent times.

The approved provider responded to the Assessment Teams report and provided additional information including ‘Miranda’s response to the Assessment Teams site audit report and attachments 21 and 22’. The additional information provided explained that the risk matrix is not the only resource used to identify high risk and high prevalence risks, additional information relating to high risk medication being given at differing times, was also provided and evidence that this was in consultation with the consumer’s GP. However, the provider has not demonstrated that wound management and behaviour management are managed effectively as high impact or high prevalent risks.

I find that the approved provider is not compliant with this requirement.

### 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) Non-compliant

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

The Assessment Team found that consumers who experience a change in condition do not always have their needs recognised and responded to in a timely manner. Initial consumer assessment has not always been undertaken to identify individual consumer health baselines and staff have not identified deterioration as it has occurred. Pressure injuries have not been identified and responded to in a timely manner, resulting in significant deterioration.

The Assessment Team reviewed sampled consumers care notes which did not show consumers who have changes in condition or who are deteriorating are recognised, and response is not timely. Two consumers who had advanced pressure injuries did not have their wounds attended to appropriately and were not referred to a wound specialist until several weeks after identification.

The approved provider responded to the Assessment Teams report and provided additional information including ‘Miranda’s response to the Assessment Teams site audit report’. I have considered the information within the response; however, I find that consumer’s wound deterioration and other medical condition was not recognised in a timely manner for the consumers detailed in the Assessment Team’s report.

I find that the approved provider is not compliant with this requirement.

### 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-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

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.

The Assessment Team found that most sampled consumers consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The Assessment Team interviewed consumers and representatives who confirmed that they feel supported to maintain their social and personal relationships. Most consumers are satisfied with the meals and how the service accommodates their dietary preferences and needs. Consumers and representatives feel confident that staff know how to support them emotionally and psychologically.

The Assessment Team reviewed care planning documents, which captured detailed information about the consumers’ interests, their important relationships and how to support consumers to do things they want to do; however, some consumers’ quality of life is not optimised.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team found that while each consumer generally get safe services there are gaps in the effectiveness of supports for daily living to meet needs, goals and preferences. Not all consumers have access to services to support their independence, health, wellbeing and quality of life.

The Assessment Team reviewed care planning documents of consumers which contained detailed information on how to support consumers to do what they want to meet their goals and preferences. Consumer and representative feedback were generally positive about ways in which they are supported to meet goals, and preferences.

The Assessment Team however found that for some consumers with cognitive decline there was limited evidence of meaningful community or relationship engagements or evidence of activities to engage them in, there was minimal evidence of consultation regarding the activities schedule. The Assessment Team also found it was not evident consumers are consulted regarding their preferred mealtimes. Although a resident forum focus group with lifestyle staff was held on 6 May 2021. There were a small group of consumers who discussed their preferred mealtimes such as earlier breakfast and later dinner times. The Assessment Team noted lunch to be served at 11:30am and dinner at 4:30pm. Consumers and a family member said the meals are served too early and there is too a long a gap from dinner till breakfast. Following feedback from the team, lunch was served at 12pm and 5pm.

The approved provider responded to the Assessment Team report and provided additional information including ‘Miranda’s response to the Assessment Teams site audit report and attachments 23-28’. This included evidence of participation in activities however there is no evidence that consumers are consulted about the range of activities that are on offer to meet their needs or with regards to preference of meal times.

 I find that the approved provider is not compliant with this requirement.

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

The Assessment Team found that most sampled consumers consider that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed consumers who said that they enjoy the living environment, feel safe and are comfortable in their bedrooms. They said visitors are welcome and there are areas they can meet with their visitors. Consumers and representatives said the environment is kept clean and well maintained. Consumers and representatives are pleased with the improvements made to the living environment.

The Assessment Team observed that the service was welcoming, and it was observed to be clean and tidy.

## 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.

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.

The Assessment Team interviewed consumers and representatives and found that most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumer representatives were satisfied with how the service resolved their complaints. Consumers and representatives were aware of advocacy services available and that they can make complaints to the Commission.

The Assessment Team interviewed staff who said that they have received training on open disclosure and were able to demonstrate their understanding of open disclosure. The facility manager was able to demonstrate the different ways the service supported consumers and representatives to make complaints. The facility manager was able to demonstrate how the service addressed complaints and used open disclosure when incidents happen.

The Assessment Team identified that there are organisational policies to guide the service to address complaints and use open disclosure.

## 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-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

The Assessment Team interviewed consumers and representatives and found that most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Most consumers and representatives said that staff are kind, caring and respectful. Some consumers expressed confidence that staff know how to do their jobs well and are able to provide them care and services they need.

The Assessment Team interviewed staff who could recall having their performance reviews completed recently and could describe outcomes of their performance review. Staff confirmed that they have received education in relation to the new SIRS requirements. The Assessment Team found that the service was able to demonstrate most staff have completed their mandatory training modules, including on SIRS.

The Assessment Team however identified when speaking to consumers and staff, feedback that there are not enough staff and could describe the impacts it had on consumer’s care and services. There was also mixed feedback from consumers and representatives about competency of staff. Furthermore, the service could not demonstrate that the leisure and lifestyle officer have the relevant qualifications according to the organisation’s position descriptions. As a result, deficiencies can be seen in lifestyle activities and documentation of consumers’ lifestyle activities.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that most consumers, representatives and staff said that there are not enough staff to provide safe and quality care and services. They could describe the impact it had on consumers’ care and services. Despite the improvements made to the roster by the facility manager, staff provided feedback that there are still challenges in providing timely care and services. Furthermore, call bell and sensor mat response report showed that more than 20% of responses were above the service’s benchmark of 10 minutes.

The Assessment Team interviewed consumers and representatives who said that they have to wait longer and get upset in fear that they might fall whilst waiting. Representatives said that they cannot often find staff and have noticed that consumers are waiting for staff to assist them when they are having meals.

The Assessment Team interviewed staff who said that there are challenges during meal times and that often time does not permit staff to shower the consumers daily even if it is the consumer’s preference. Staff also said some consumers settle if you can spend time with them, however this is not always possible due to staffing.

The approved provider responded to the Assessment Teams report and provided additional information including ‘Miranda’s response to the Assessment Teams site audit report and attachments 29 and 30’. The service provided a copy of the roster and noted the additional staffing hours that have been allocated. The service also advised that the call bell report for May had an average of 4.4 minutes and advised that the system flags all call over 10 minutes as a default setting. This however does not explain that the assessors noted 22% of calls were above 10 minutes including one noted earlier in Requirement 2(2)(a) which was more than 20 minutes and that the staff told the assessors that they are not able to attend to consumers personal care in a timely manner. I have found that the service does not demonstrate that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

I find that the approved provider is not 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.*

The Assessment Team found that there was mixed feedback from consumers and representatives regarding their confidence in staff’s competency to do their jobs well. Management was able to describe what they looked for during the recruitment process to ensure that staff were competent. However, upon review of staff files, it was identified that not all staff had the relevant qualifications according to the organisation’s position descriptions. Furthermore, they did not have the knowledge to effectively perform their roles. As a result, there are gaps in care provision and activities that does not allow the service to provide quality care and services to consumers.

The approved provider responded to the Assessment Teams report and provided additional information including ‘Miranda’s response to the Assessment Teams site audit report and attachments 31-33’. I have considered the additional information in the response letter and agree that in addition to the qualified staff who have qualifications in excess of what is required and the additional support that is available provides an important role in the lifestyle and leisure activities for the consumer.

I find that the approved provider is compliant with this requirement.

### 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.*

The Assessment Team found that whilst the service does not have a performance review schedule to track performance review dates for all staff. Staff could describe the outcome of their performance reviews. Documentation confirmed that the performance reviews are up to date for most of the sampled staff. Management advised the Assessment Team that the majority of performance reviews had been completed in March 2021 and would be reviewed biannually.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

The Assessment Team found that most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team interviewed consumers and representatives who said they think the service is well run, with one consumer representative said that the facility manager ‘runs a tight ship’. A consumer said that he is involved in the resident focus group where they can provide feedback and suggestions about the service. Consumer representatives said that they have seen the CEO and COO around the service and have spoken to them.

The Assessment Team identified that the organisation has effective governance systems relating to information systems, continuous improvement, financial governance, feedback and complaints, workforce governance and regulatory compliance. However, the service was not able to demonstrate that there are effective risk management systems and practices to manage its high impact and high prevalence risks, particularly regarding wound management, pressure injuries and behaviour management.

## 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) Non-compliant

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

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

The Assessment Team found that the service has systems in place that have generally identified risks to consumers. However, there are gaps in the management of high prevalence or high impact risks. In terms of skin integrity and wound management, there are documented inconsistencies in wound management. The Assessment Team also identified that based on the clinical indicator report for May 2021 provided by management, there is an upward trend in existing wounds that have not healed. Additionally, there are deficiencies in behaviour management to mitigate risk to the consumer who has reactive and challenging behaviours, and to other consumers in the service.

The approved provider responded to the Assessment Teams report and provided additional information including ‘Miranda’s response to the Assessment Teams site audit report’ explaining how the service addresses risk and identifies the consumers with the most impactful risks, however as noted in Requirements 3(3)(b), the system has not always been effective in identifying risks and therefore the service’s response to consumer’s high impact or high prevalence risks has not been demonstrated.

I find that the approved provider is not compliant with this requirement.

### 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.

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

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

The approved provider must demonstrate:

* All consumers are treated with dignity and respect.
* Consumers requiring personal care are attended to without delay to maintain dignity.

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

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

The approved provider must demonstrate:

* All consumer assessments are reviewed for completeness.
* Risks are identified, and assessments are completed and reviewed as circumstances change.

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

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

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

The approved provider must demonstrate:

* Behaviour management is effective
* All specialist services are documented in consumer file with recommendations initiated.
* Personal and clinical care is safe and effective for each consumer
* Call bells are responded to as a matter of urgency.
* Skin integrity, wound management and pressure injuries are identified and escalated by staff in the early stages.
* Wound charting is documented, and any deterioration is addressed immediately with description, measurement and photograph of wound.
* Alternating air mattresses are regularly audited for correct readings appropriate to consumers.

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

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

The approved provider must demonstrate:

### All risks including high risks are identified with appropriate effective strategies developed and documented to mitigate risks to themselves and other consumers.

* High risk medications are provided to consumer in line with GP directive.

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

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

The approved provider must demonstrate:

* Staff have the skills to recognise deterioration in consumers.
* All advanced pressure injuries are responded to in a timely manner.
* Consumers with advanced pressure injuries are referred to wound specialist in a timely manner.
* Initial consumer assessment is undertaken to identify individual consumer health baselines.

### Requirement 4(3)(a) Non-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.*

The approved provider must demonstrate:

* Activities are reviewed for appropriateness to provide meaningful engagement for all consumers including consumers with cognitive decline.
* Community engagement is established for consumers.
* Consultation with consumers is undertaken regarding the activities schedule and meals including meal times.

### 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 approved provider must demonstrate:

* Appropriate staffing levels provide for timely safe and quality care and services for consumers.
* Call bell and sensor mat response times are decreased to provide safe and quality care for consumers.
* Appropriate staffing is enabled for consumers to assist with meal assistance and personal care.

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

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

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

The approved provider must demonstrate:

* Effective risk management identifies high prevalence or high impact risks.
* Documentation is accurate in relation to all risks; and in particular skin integrity and wound management.
* Behaviour management is reviewed to mitigate risk to the consumer who has reactive and challenging behaviours, and to other consumers in the service.