Miranda Aged Care Facility

Performance Report

268 Port Hacking Road   
MIRANDA NSW 2228  
Phone number: 02 9525 3210

**Commission ID:** 2502

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

**Review Audit date:** 6 January 2020 to 9 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-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) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-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) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 Review Audit; the Review Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Review Audit report received 4 February 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

For example:

* Consumers said staff treat them and their relative with respect and respect their identity and values.
* Consumers interviewed said they are provided with information relevant to them enabling them to make choices.
* Consumers confirmed that the service and staff respect their personal privacy.

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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

* Overall staff interviewed spoke respectfully about consumers and demonstrated they are familiar with consumers’ background and identity. Staff were observed interacting with consumers respectfully and respecting their privacy.
* Consumer documentation viewed reflected what is important to consumers and their specific cultural needs and preferences.

However, the organisation did not adequately demonstrate consumers are supported to make decisions about their own care, and the way care and services are delivered, and that their choices and decisions are respected. Staff did not demonstrate understanding of this requirement in regard to supporting consumers’ choice.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Non-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*

*make connections with others and maintain relationships of choice, including intimate relationships.*

The organisation demonstrated consumers are supported to make decisions about who is involved in their care and to make connections with others and maintain relationships of choice. However, the organisation did not adequately demonstrate consumers are supported to make decisions about their own care, and the way care and services are delivered, and that their choices and decisions are respected. Staff did not demonstrate understanding of this requirement in regard to supporting consumers’ choice.

In their response the provider stated that they are currently working towards consumer directed care but acknowledged that it is not in place all consumers. The provider is providing training for staff and will be sourcing a team of care planning experts to undertake a comprehensive assessment of all consumers to ensure their care is delivered in line with their preferences.

The approved provider does not comply with this requirement as the organisation could not demonstrate that each consumer is supported to exercise choice and independence, including to: make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions; and 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-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Some sampled consumers confirmed they do not feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Six of seven consumers sampled stated that they do not feel like partners in the ongoing assessment and planning of their care and services and/or did not feel consulted in regard to their current needs, goals and preferences.
* Six of eight consumers interviewed said they are not informed about the outcomes of assessment and planning and do not have ready access to their care and services plan.
* One representative was not satisfied the service reviewed the consumer in a timely manner when significant clinical deterioration occurred.

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.

* A sample of assessment documentation for respite and permanent consumers showed deficiencies in completion of assessments or lack of reassessments as routinely scheduled or as changes occur. Further to this documentation showed the service’s monitoring processes are not effective to ensure assessments and plans are reflective of the consumers voice.
* Five consumers and representatives interviewed stated they are not consulted and involved in assessment and planning when their/family member needs changed. The service was not able to demonstrate reviews had occurred in consultation with consumers and representatives as described in their policy
* While the service has not had a process to communicate care and service plans to consumers/representatives, a care conference process has been introduced following ‘The Commission’ Assessment Contact Report in December 2019.
* Management could not demonstrate consumers/representatives had been supported to understand their care plans or had been made aware they could request a copy of their care plans.
* The organisation does not effectively review consumers’ care when deterioration in health occurs, weight loss occurs, wound management or when changes occur impacting on the consumers’ needs.

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

## Assessment of Standard 2 Requirements

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

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

The organisation did not adequately demonstrate assessment and planning processes are implemented to inform the delivery of safe and effective services. Assessments had not been completed in a sample of files viewed for both respite and permanent consumers. Management informed the Assessment Team assessment process for respite and permanent consumers are the same, however, no formal process to guide staff is in place.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as as the organisation could not demonstrate 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) Non-compliant

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

The organisation did not adequately demonstrate each consumer has their current needs, goals and preferences identified and documented in assessments and plans. The service’s monitoring processes are not effective to ensure assessments and plans are reflective of consumers’ current needs, goals and preferences as regular reviews are not effective or completed in a timely manner.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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) Non-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 service was not able to demonstrate reviews had occurred in consultation with consumers and/or representatives as described in the service’s policy. Consumers and representatives interviewed stated they are not involved in assessment and planning activities. One representative stated they were not informed of doctor’s appointments and medication changes, and one consumer wanted greater involvement in managing his own care.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate *that assessment and planning: 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 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) Non-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.*

The service does not have a process to communicate care and service plans to consumers/representatives. A care conference process was introduced in December 2019 to allow greater consumer involvement in care planning but at the time of the site visit management could not demonstrate consumers/representatives had been supported to understand their care plans or had been made aware they could request a copy of their care plans if they wanted. Consumers and representatives interviewed stated the service did not effectively communicate regarding assessed needs and confirmed care plans were not accessible to them.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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) Non-compliant

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

The organisation does not effectively review consumers’ care when there is a deterioration in health, wound management or when changes occur impacting on the consumers’ care needs. One representative was not satisfied with how the service had reviewed a consumer’s care when significant clinical deterioration occurred.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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

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

For example:

* Overall consumers interviewed did not want the content of their interviews discussed in relation to requirements in this Standard. Reasons given included fear of retribution and a reluctance to be critical of staff.

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 Assessment Team also examined relevant documents.

* Documentation viewed showed support for one consumer has not been effective in the management of their incidents, including inconsistent documentation of incidents and review for the delivery of safe care. Further to this, the organisation did not adequately demonstrate effective management of physical restraint in line with legislation to ensure safety of consumers.
* It was identified during the review audit sampled consumers did not receive safe clinical care that is best practice in relation to implementation of falls risk prevention strategies, safe medication management, monitoring of clinical conditions and providing best practice care to consumers with diabetes.
* The service has not demonstrated care plans are sufficiently detailed to provide information and guidance to staff in the provision of palliative care for one consumer.
* The organisation did not adequately demonstrate they follow industry best practice guidelines in relation to restraint, palliative care, pain, skin integrity, weight management, falls and information management.
* The service currently assesses consumers’ cognitive, balance and falls risk using non-validated assessment tools.
* The service does not refer consumers to appropriate specialists where required and representatives interviewed are not satisfied referrals occur appropriately or in a timely manner. Management acknowledged the referral system is not effective.

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

### Assessment of Standard 3 Requirements

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

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

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

The organisation does not provide clinical and personal care that is best practice or tailored to consumers’ needs. Consumers and representatives interviewed are not satisfied staff provide personal and clinical care in line with consumers’ needs and this impacts on their health and well-being.  The organisation did not adequately demonstrate they follow industry best practice guidelines in relation to management of restraint, pain, skin integrity, weigh, falls and palliative care. The service currently assesses consumers’ cognitive, balance and falls risk using non-validated tools.

In their response the provider acknowledged deficits in this area which they will be addressing by implementing a suite of assessments through a clinical governance framework which represents evidence based practice.

The approved provider does not comply with this requirement as the organisation could not demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:is best practice; and is tailored to their needs; and optimises their health and well-being.

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

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

The organisation did not adequately demonstrate effective management of high impact or high prevalence risks for consumers. Areas not effectively managed include clinical incidents, near misses and pain management. The organisation did not adequately demonstrate effective management of physical restraint in line with legislation to ensure safety of consumers.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

The service did not adequately demonstrate best practice in assessment and planning for end of life care for one consumer. The care plan to guide staff had not been based on assessment following his changed needs, did not identify the consumer’s status or provide information on the provision of current care needed. The care plan was not sufficiently detailed to provide information on actions for staff to take to provide a quality of life as defined by the consumer and/or his representative.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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 organisation did not adequately demonstrate deterioration or changes in consumers’ health or condition are recognised and responded to in a timely manner, particularly in relation to behaviour management. For the consumers sampled, care planning documents and/or progress notes did not reflect the identification of, and response to, deterioration or changes in function/capacity/condition.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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) Non-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*

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.

The service does not have systems in place to make information regarding consumers’ needs and preferences available to others with whom care is shared.Consumers care needs are not consistently identified, documented and communicated.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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) Non-compliant

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

The service does not refer consumers to appropriate specialists where required and representatives interviewed are not satisfied referrals occur appropriately or in a timely manner. Management acknowledged the referral system is not effective.

The provider did not respond to this issue in their response.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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 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

Some sampled consumers confirmed 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 I want to do. For example:

* Two consumers interviewed said they are not supported by the service to do the things they like to do. One of those consumers said they are “bored”.
* Three consumers said they either did not like the meals or did not find them suitable to their needs
* Consumers sampled said they receive supports for daily living which promote their emotional, spiritual and psychological well-being.

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 Assessment Team also examined relevant documents.

* The service’s consumer information communication system is fragmented between various documents which impacts on the service’s ability to share information within the organisation and with others who share the responsibility for care.
* A Dietitian menu review report conducted in October 2019, identified areas of improvement for special diets and variety of meals. Management have planned improvements to the menu in January 2020.
* Information provided by the service through staff interviews and documentation does not demonstrate consumers are consistently supported to participate in meaningful activities in line with their care plan

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

### Requirement 4(3)(c) 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.*

The organisation did not adequately demonstrate they consistently support consumers sampled to participate in activities of interest to them. Two consumers said they do not do things of interest to them, one of those consumers said they are “bored”. Information provided by the service through staff interviews and documentation does not demonstrate consumers are consistently supported to participate in meaningful activities in line with their care plan. The organisation could not demonstrate they effectively monitor and review consumers’ services and support for activities.

In their response the provider stated that the service offers a range of group and individual activities and tries to accommodate individual requests. The provider stated they are reviewing the activity program.

The approved provider does not comply with this requirement as the organisation could not demonstrate services and supports for daily living assist each consumer to: participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

### Requirement 4(3)(d) Non-compliant

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

The organisation did not adequately demonstrate information about consumers is consistently communicated within the organisation, and with others where responsibility is shared.The service’s communication system for consumer information is fragmented between various documents which are located in different folders. Various professionals said it can be difficult to locate information.

In their response the provider stated that they have put in place equipment to avoid request forms being misplaced, have engaged a consutant to review care of all consumers and will correct any system deficiencies to ensure all health professionals have appropriate access to the information they require where responsibility for care is shared.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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) Non-compliant

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

Consumers and representatives are not always satisfied the meals are suitable or of good quality.A dietician review of the menu highlighted a number of deficiencies including no supper offered to ground floor consumers, a lack of variety in snacks, main meal options, and textured modified diets plus finger foods not offered daily to those living with dementia.

In their response the provider stated that all consumers will be nutritional screened and the menu will be reviewed by an accredited dietician, inconjunction with consumers, to ensure it meets expectations.

The approved provider does not comply with this requirement as the organisation could not demonstrate 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 services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment. However, the organisation did not demonstrate a process to enable consumers free access to outdoor areas. For example:

* Six consumers interviewed confirmed they feel safe and other consumers do not intrude into their personal space.
* One representative stated she is welcomed to the service and staff engage her in conversation
* Two consumers interviewed confirmed that the service is clean and well maintained

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 Assessment Team also examined relevant documents.

* The service has signage throughout to assist consumers and others to navigate their way around
* The Assessment Team noted the process to monitor access to outdoor areas, as described by Management, was not evidenced throughout the review audit.

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

## Assessment of Standard 5 Requirements

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

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

### 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.*

Whilst consmers were able to go on bus trips and access the downstairs outdoor area the assessment team found that the organisation did not demonstrate a process to enable consumers free access to an upstairs outdoor balcony. The Assessment Team noted the process to monitor access to outdoor areas, as described by Management, was not evidenced.

In their response the provider stated that consumers can access activities held on both the upstairs and downstairs open areas. Whilst the process to monitor access to outdoor areas, as described by Management, was not evidenced the provider stated that access to the upstairs balcony was restricted at the time of the audit due to high temperatures and poor air quality from bushfires. I find this requirement met.

The approved provider does comply with this requirement as the organisation could demonstrate the service environment:is safe, clean, well maintained and comfortable; and 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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall consumers did consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Overall consumers and representatives interviewed said, if they are not happy with their care and services, they feel comfortable discussing it with staff or management. Some of them said they are aware of how to access external complaints processes.
* Most consumers and representatives interviewed said when they provide feedback or make a complaint action is taken and the service apologise when relevant.
* Some consumers, when asked about their care and services, said they are not always satisfied they are engaged into the care and services.

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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

* The organisation has established processes to support consumers to provide feedback; staff and management described how they follow up and address consumers’ concerns.
* Feedback and complaints documentation and register viewed showed feedback and complaints are documented and actions taken.

However, the organisation did not adequately demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. The organisation did not demonstrate it systematically and effectively captures feedback and complaints from consumers and/or representatives to enable them to monitor and evaluate feedback, identify trends and continuous improvement activities.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

The organisation did not adequately demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. One consumers reported that that their feedback was ignored.The organisation did not demonstrate it systematically and effectively captures feedback and complaints from consumers and/or representatives to enable them to review feedback and identify trends to inform their continuous improvement activities. Improvements planned have yet to be implemented.

In their response the provider produced a newly compiled Comments, Complaints and Feedback register for 2019 and 2020 and stated that they have a number of mechanisms in place to capture feedback including members of the management team regularly eat with consumers to monitor meal satisfaction. The provider also stated that the case conferencing initiative introduced recently is being resourced so that all consumers have had an opportunity to participate in the coming months. Nevertheless, the provider cannot currently demonstrate that feedback and complaints information informs their continuous improvement processes and is used to improve the quality of care and services.

The approved provider does not comply with this requirement as feedback and complaints are not 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

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

* Overall consumers interviewed confirmed that staff are kind and caring.
* Most consumers interviewed confirmed they have confidence that staff know what they are doing.
* Most consumers interviewed confirmed that they think there are adequate staff, staff have time to deliver care and services, which is provided by regular staff that know them.

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.

* Management advised staff at the service are regular and do not use agency staff to ensure continuity of care. They said clinical staff allocation was recently reviewed to ensure ongoing clinical monitoring on the floor.
* Staff were observed treating consumers kindly and respectfully, for example while assisting consumers with their mobility needs or their meals.

However, the organisation did not adequately demonstrate it has developed the competency and knowledge of staff to effectively perform their roles and provide safe and effective care to consumers in line with best practice, the Quality Standards and legislative requirements.

While the organisation demonstrated effective recruitment processes, the organisation did not adequately demonstrate training provided to staff is effective to ensure they carry out their role and responsibilities.

The organisation did not adequately demonstrate monitoring and review of staff performance to ensure consumers are provided safe and quality care and services. The organisation does not currently monitor call bell response times and could not adequately demonstrate they monitor staff responses to call bells.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

The organisation did not adequately demonstrate it has developed the competency and knowledge of staff to effectively perform their roles and provide safe and effective care to consumers in line with best practice, the Quality Standards and legislative requirements. The organisation’s monitoring processes are not effective. Most consumers interviewed said they have confidence in the workforce, however, three representatives did not.

In their response the provider stated that all staff have participated in the education program offered in 2019 and provided details of same. Nevertheless staff do not have the knowledge to effectively perform their roles and deliver care as demonstrated by deficits identified by the Assessment team with regard to care and services provided.

The approved provider does not comply with this requirement as the organisation could not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

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

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

While the organisation demonstrated effective recruitment processes, the organisation did not adequately demonstrate training provided to staff is effective to ensure they carry out their role and responsibilities. The organisation’s monitoring processes in relation to staff performance are not effective.

In their response the provider stated that all staff have participated in the education program offered in 2019 which included education on the Aged Care Standards and provided details of same. Nevertheless, as demonstrated by the Assessment team, the workforce were unable to deliver care outcomes that are in line with the Quality Standards.

The approved provider does not comply with this requirement as the organisation could not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

The organisation did not adequately demonstrate monitoring and review of staff performance to ensure consumers are provided safe and quality care and services. Several consumer representative stated call bells are not answered promptly however the organisation does not currently monitor call bell response times and could not adequately demonstrate they monitor staff responses to call bells.

In their response the provider stated that all staff have participated in the education program offered but provided no further detail on how staff performance is regularly assessed, monitored and reviewed.

The approved provider does not comply with this requirement as the organisation could not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Of the consumers sampled, none provided comments related to the organisation is well run and that they can partner in improving the delivery of care and services.

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 organisation’s governing body demonstrated they are engaged in overseeing the organisation’s strategic direction and policies and implement changes as a result of consumer feedback and incidents.

The organisation did not adequately demonstrate an effective organisation wide approach has been implemented to engage consumers in the development, delivery and evaluation of care and services.

While the organisation demonstrated there are effective governance systems with respect to financial governance and regulatory compliance, the organisation could not demonstrate effective governance systems relating to information management, continuous improvement, workforce governance and feedback and complaints.

The organisation has implemented governance systems to ensure they identify and respond to abuse and neglect of consumers. However, the organisation did not adequately demonstrate effective risk management systems and processes in relation to managing high impact and high prevalence risks and supporting consumers to live the best life they can.

The organisation did not adequately demonstrate that the current clinical governance system is effective to ensure consumers are provided safe and quality clinical care.

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

## Assessment of Standard 8 Requirements

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

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

The organisation did not adequately demonstrate an effective organisation wide approach has been implemented to engage consumers in the development, delivery and evaluation of care and services. Feedback provided by consumers and representatives and documentation viewed demonstrates consumers are not effectively engaged to partipate in the development, delivery and evaluation of care and services. Plans to address this have either been newly implemented (December 2019) or not yet implemented.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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

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

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

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

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

While the organisation demonstrated there are effective governance systems with respect to financial governance and regulatory compliance, the organisation could not demonstrate effective governance systems relating to information management, continuous improvement, workforce governance and feedback and complaints. Information managment systems do not support access to timely and accurate information, information can be difficult to locate and is not up to date. Continuous improvement processes have not identified deficiencies in the quality of care and services as demonstrated by the Assessment team. Auditing tools used are not effective for monitoring compliance with the Quality Standards.Quality improvement activities planned by the provider have only recently been implemented or are yet to be implemented.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate *effective organisation wide governance systems relating to the following: information management;continuous improvement;financial governance;workforce governance, including the assignment of clear responsibilities and accountabilities;regulatory compliance;and 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.*

The organisation has implemented governance systems to ensure they identify and respond to abuse and neglect of consumers. However, the organisation did not adequately demonstrate effective risk management systems and processes in relation to managing high impact and high prevalence risks and supporting consumers to live the best life they can.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

### Requirement 8(3)(e) Non-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.*

The organisation did not adequately demonstrate that the current clinical governance system is effective to ensure consumers are provided safe and quality clinical care. The organisation has developed a Clinical Governance Policy and Procedure, however it has not been implemented at the service. The service does not currently have a policy relating to antimicrobial stewardship or open disclosure.The service has a policy relating to the use of restraint, however, it is not reflective of the requirements as set out in the Quality of Care Amendment (Minimising the Use of Restraint) Principles 2019 in relation to physical restraint.

In their response the provider acknowledged deficits in this area which they will be addressing.

The approved provider does not comply with this requirement as the organisation could not demonstrate where clinical care is provided—a clinical governance framework, including but not limited to the following: antimicrobial stewardship;minimising the use of restraint; and 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)(c)**

*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*

*make connections with others and maintain relationships of choice, including intimate relationships.*

Ensure consumers are supported to make decisions about their own care, and the way care and services are delivered, and that their choices and decisions are respected.

### Requirement 2(3)(a)

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

Ensure assessment and planning processes which include consideration of risks to the consumer’s health and well-being are implemented to inform the delivery of safe and effective services for all consumers.

### Requirement 2(3)(b)

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

Ensure each consumer has their current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes, identified and documented in assessments and plans.

### Requirement 2(3)(c)

*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.*

Ensure all assessment and planning activity 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 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)

*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.*

Ensure 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)

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

Ensure consumers’ care needs are reviewed for effectiveness when there is a deterioration or when changes occur impacting on the consumers’ care needs.

**Requirement 3(3)(a)**

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

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

Ensure process are place to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

### Requirement 3(3)(b)

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

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

### Requirement 3(3)(c)

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

Ensure 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)

*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.*

Ensure 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)**

*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.*

Ensure 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 4(3)(c)

*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.*

Ensure the organisation demonstrates services and supports for daily living assist each consumer to: participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

### Requirement 4(3)(d)

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

Ensure the organisation demonstrates 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)(f)

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

Ensure where meals are provided, they are varied and of suitable quality and quantity.

**Requirement 7(3)(c)**

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

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

### Requirement 7(3)(d)

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

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

### Requirement 7(3)(e)

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

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

### Requirement 8(3)(a)

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

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

### Requirement 8(3)(c)

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

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

*Ensure effective organisation wide governance systems relating to the following: information management;continuous improvement;financial governance;workforce governance, including the assignment of clear responsibilities and accountabilities;regulatory compliance;and feedback and complaints.*

### Requirement 8(3)(d)

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

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

Ensure effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

### Requirement 8(3)(e)

*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.*

Ensure where clinical care is provided—a clinical governance framework, including but not limited to the following: antimicrobial stewardship;minimising the use of restraint; and open disclosure.