Mt Kooyong Convalescent Home

Performance Report

62 Mount Kooyong Road   
JULATTEN QLD 4871  
Phone number: 07 4094 1279

**Commission ID:** 5827

**Provider name:** Adermina Pty Ltd

**Site Audit date:** 11 October 2021 to 14 October 2021

**Date of Performance Report:** 09 November 2021

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 04 November 2021
* other intelligence and information held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested 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.

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers and consumer representatives confirmed they felt culturally safe living within the service. Consumers confirmed they were encouraged to do things for themselves and that staff knew what was important to them. Consumers confirmed that their personal privacy and information was respected. Consumers could communicate who their nominated representatives or points of contact were and how they wished to maintain relationships. Consumers advised they were provided with information to assist them in making choices about their care and lifestyle, including meal selections, daily activities and showering preferences.

Staff consistently demonstrated ways in which they respected consumers’ culture and privacy and supported consumers to exercise choice, independence and maintain relationships.

Care planning documents demonstrated consumers were supported to make decisions about their own care including taking risks to enable them to live their best life.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers confirmed staff consulted with them through initial assessment and planning to develop a plan of care that was delivered to meet the consumer’s needs. Consumers confirmed they were informed about the outcomes of assessment and planning and had access to their care and services plan if they wished.

Care planning documentation reflected consumers were involved in assessment and planning and included other providers of care and services, including Medical officers and allied health specialists. Assessment and planning considered individual risks to the consumer’s health and well-being, included end of life planning, and consumers’ care and services were reviewed when circumstances changed, or incidents occurred.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

Assessment and planning were based on a partnership with the consumer and their representative and included others that were involved in the care of the consumer. Consumers were satisfied that assessment and planning was based on a partnership that included other organisations and individuals where required.

Care planning documents reflected that consumers, their representatives and others were involved in assessment and care planning, including the Medical officer, Physiotherapist, Dietitian, Podiatrist and Speech Pathologist.

Consumers confirmed they were involved in assessment and planning, and that staff regularly communicated with them. Consumers advised that allied health services were regularly involved in care planning, including physiotherapy, exercise physiology, podiatry, speech pathology and dietetics.

Staff described the processes for referral to allied health professionals. Staff advised the process for ensuring any changes made by external professionals was communicated to staff at handover by registered staff. Staff described the involvement of others in consumers’ assessment and planning from entry to the service and on an ongoing basis. Medical officers were asked for their input into care and allied health services were organised as necessary. Staff confirmed they were guided by the consumer’s preferences and who they wished to be involved in their care planning. Changes in a consumer’s condition may lead to reassessment by the Medical officer or other allied health professionals. This information was noted in the consumer’s file and directives were incorporated into care plans. Management stated they partner with consumers and representatives through telephone conversations and consumer and representative meetings to continually evaluate the care needs of consumers.

The service had a suite of policies and procedures relevant to assessment and planning which identified consumers and representatives as partners in care planning that support delivery of care. The service had procedures to guide the referral process to relevant health professionals and to guide sharing of information about consumers. Progress notes identified the consumer, and/or their representative had been involved in the assessment process. Documentation confirmed representatives were contacted following incidents.

Actions were undertaken by the service in response to the non-compliance identified during the assessment contact conducted on 16 July 2020.

The service introduced a computerised policy, procedure and training software system that was automatically updated with changes in legislation. Staff were notified of these changes via email and memorandum sent to staff for further information.

The service introduced and was transferring from a paper based clinical documentation system to an electronic care system. The electronic care system prompted staff to involve the consumer, their representative, other organisations and providers of care and services in assessment and care planning.

The service introduced a ‘care consultation’ document which evidenced who was involved in the case conference and any changes to care and services since the last review and/or as a result of the case conference. Case conferences also noted when a consumer had been referred to and seen by an allied health professional and changes recommended. Staff received training relating to the policy and procedure and training system, the electronic care system and the care consultation process.

Based on the information contained above it is my decision this Requirement is now Compliant.

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

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

Consumers and people important to the consumer were engaged in communication regarding the outcomes of assessment and planning.

Care and service plans were relevant to the consumer’s needs and included, but were not limited to, pain management, skin integrity, behaviour management, restrictive practice, nutrition, hydration and mobility. The outcomes of assessment and planning were documented in care plans, and progress notes and these records were accessible to staff and visiting health professionals through an electronic care documentation system.

Consumers confirmed that staff explained relevant information about the consumer’s changed needs, and they could access their care plan if they wished. Consumers advised staff explained relevant information about the assessment outcome in plain language they could understand. Consumers have been offered or received a copy of their care plan.

Clinical staff reported consumers were involved in the assessment and review process and were consulted during the process if able. Where the consumer was unable to participate, they involved the representative in the process. Clinical staff advised the outcomes of assessments were documented in care plan review and care consultation records and the outcomes of care planning was communicated to the consumers through telephone calls, face to face discussions and electronic correspondence. Staff confirmed they offered consumers a copy of their care plans and provided the copy in line with the consumer’s wishes.

Care plan reviews with the consumer had occurred and care and services were discussed with the consumer. Staff were observed accessing care plans through either the electronic or paper-based care system during the visit. Handover notes were observed to be readily available to staff delivering care.

Actions were undertaken by the service in response to the non-compliance identified during the assessment contact conducted on 16 July 2020.

Alongside improvements as listed in Requirement 2 (3) c), the service have offered the consumer or their representative a copy of their care plan and the consumer or their representative signs the care consultation document, to acknowledge receipt of the care plan.

Based on the information contained above it is my decision this Requirement is now compliant.

### 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.*

Care and services were reviewed regularly for effectiveness, when circumstances change and following incidents. Consumers were satisfied with the quality of care and services.

Consumers’ care plans evidenced review on both a regular basis and when circumstances change, or incidents occur. Consumers confirmed that care and services were regularly reviewed and also reviewed when the circumstances had changed or when incidents impacted on the needs, goals or preferences of the consumer.

Registered staff confirmed care plans were reviewed three monthly or when changes in health or care needs occurred. Staff confirmed shift handover was used to communicate identified changes in consumer’s health status. Staff were aware of the incident reporting process and how incidents may generate a reassessment or review of consumer’s needs.

Staff were guided by policies and procedures to support care planning review. Incidents were recorded on the service’s incident management system and contributed to a suite of monthly clinical indicators. The service monitored and trended clinical indicators including but not limited to, skin integrity, falls and pressure injuries.

Actions were undertaken by the service in response to the non-compliance identified during the assessment contact conducted on 16 July 2020.

Alongside improvements as listed in Requirement 2 (3) c), care plans were reviewed at three monthly intervals or if changes occur. The Assessment Team reviewed the care planning documentation for ten consumers and found that care plans were relevant and updated when changes occurred.

Based on the information contained above it is my decision this Requirement is now compliant.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and if the organisation understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers received personal care and clinical care that was safe and right for them. Consumers received the care they required, and they felt safe. Consumers provided various examples of how staff ensured the care provided to consumers was right for them, including regularly asking them about their care and the way it was delivered and involving them in discussions regarding alternative care options available.

Consumers were referred to their Medical officer, or other health professional to meet their changing personal or clinical care needs. Referrals occurred promptly, and consumers were satisfied with the care delivered by those to whom the consumer has been referred.

Staff described how they ensure care is best practice, their opportunities for continuing training and how they ensured information was shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff also identified the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

Care plans demonstrated the delivery of safe and effective care and the involvement of other health professionals.

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

### Assessment of Standard 3 Requirements

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

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

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

Consumers received safe and effective personal and clinical care that was best practice, tailored to meet the individual consumer’s needs and optimises their health and well-being. Consumers were complimentary of care and service delivery. Care documentation reflected consumers were receiving individualised care that was safe, effective and tailored to their specific needs and preferences.

Staff were guided by organisational policies and procedures to direct personal and clinical care that was best practice. Staff said they were supported by management, including after hours, for information and advice if required. Registered staff monitored the care provided by staff by attending the hand over process between shifts twice a day and by reviewing incident records and progress notes. Registered staff also monitored staff practices through observation and feedback from other staff. Registered staff confirmed they would seek advice from management, Medical officer and allied health professionals when they had concerns in relation to a consumer’s personal or clinical care delivery. Staff demonstrated a shared understanding that restrictive practices were a last resort intervention and could describe the alternative interventions they implemented to settle consumers who are agitated or distressed.

The organisation had policies, procedures and tools to support the delivery of care provided, for example, policies, procedures and guidelines in relation to restrictive practices, pressure injury prevention and management, and a pain management policy that incorporates ongoing pain assessment to guide staff practice. The service had systems and processes to ensure consumers received safe and effective personal care and clinical care including clinical audits, whole of service audits and training was available to support best practice.

In relation to restrictive practices, there were eleven consumers prescribed psychotropic medication including antidepressants, antipsychotics, benzodiazepines, antianxiety and medications for the treatment of mental health disorders, sleep or movement disorders. There were no consumers prescribed medication used as a chemical restraint. Ten consumers had a mechanical restraint in the form of bedrails. Consumers who were subject to a restrictive practice did not have a behavioural support plan in place, seven consumers who required a behaviour support plan did not have a behaviour support plan in place. This information is considered in Standard 8 Requirement (3) (c). For consumers who were subject to mechanical restraint, their care planning documents contained the required information including: Medical officer prescription with the reason why the restraint was required, consumer’s informed consent and authorisation, and regular restraint usage monitoring.

Skin integrity and wound care including pressure injury prevention and management guidelines/procedures were available to staff and outline an evidence-based approach to promote healthy skin and manage wounds. Interviews with registered staff and review of wound records confirmed that each consumer’s wound healing progress was consistently monitored, all wounds were attended to, reviewed and documented as scheduled by registered staff.

The organisational pain management procedure guided registered and care staff through the assessment and management process, including the use of specialised tools for consumers who could not verbalise pain. The procedure included information on non-pharmacological, pharmacological and management strategies. Seven consumers who had chronic pain or recent changed needs regarding pain management were reviewed and documentation identified pain related care delivery was safe, effective and tailored to the needs and preferences of the sampled consumers, to optimise their health and well-being

Actions were taken by the service to address the non-compliance identified during the assessment contact conducted on 16 July 2020:

Restraint assessment and authorisations for ten consumes evidenced consent had been gained from the consumer or their representative and the Medical officer. Ongoing monitoring for consumers who had a restrictive practice in place. The organisations ‘Restrictive practice’ policy reflected the legislative requirements set out in the Quality of Care Principles 2014.

The service produced Behaviour support plans following feedback from the Assessment Team, for all consumers who had a restrictive practice in place. These behaviour support plans met the requirements of the Quality of Care Principles 2014. Behaviour support plans were not in place at the commencement of the site audit and this is discussed further in Standard 8 Requirement (3) (c).

The organisation’s updated pain management policy had a process for identification, assessment and implementation of strategies for pain management. Documentation for seven consumers with pain management needs were reviewed and it evidenced consumers received appropriate pain management.

Staff completed training relating to the new policy, procedure and training system, the electronic care system, restrictive practices, assessment and planning and pain assessment and management.

Based on the information contained above it is my decision this Requirement is now compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were 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.

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they want to do. Consumers received safe and effective services and supports for daily living. Consumers confirmed staff had an awareness of their individual needs and as well as their preferences to optimise their independence and wellbeing. Consumers could talk to staff, pastoral carers or their family if they were feeling sad or low and religious services were available to access. Consumers advised their provided meals had enough variety and were a sufficient quality and quantity for their needs.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, well maintained, and readily available.

Staff were observed talking to consumers, participating in activities and engaging with consumers in a supportive and caring way throughout the visit.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

### 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

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

Consumers felt safe and comfortable in the service environment. Consumers described the service as ‘home like’, and staff were very supportive. Consumers confirmed they had everything they needed and were satisfied with cleaning and maintenance.

The service environment was observed to be clean, free from trip hazards, had furniture that was suitable for the service’s consumers, was well maintained which promoted consumers’ independent movement both indoors and outdoors. The service environment had multiple spaces both indoors and outdoors where consumers could relax or engage in activities.

The service had a maintenance program that included scheduled maintenance and maintenance in response to issues reported by staff or consumers.

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

## Assessment of Standard 5 Requirements

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

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

### 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers; asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined complaint records and tested staff understanding and application of the requirements under this Standard.

Consumers were encouraged and supported to give feedback and make complaints, and that when they had, appropriate action was taken. Consumers stated if they had a complaint or a concern they would speak directly to management.

Information explaining the service’s complaint and feedback system is provided when consumer first enter the service. It was provided in documents such as the handbook and was available on posters on display. Information was available in languages other than English and interpreter services were available. Management acted to address complaints and when doing so used an open disclosure approach. Feedback and complaints were an input into the service’s continuous improvement process.

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

## Assessment of Standard 6 Requirements

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

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

### 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 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and if the organisation understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about their experiences with staff, interviewed staff and reviewed a range of records including staff rosters, position descriptions, training records and performance reviews.

Consumers received quality care and services when required and from staff who were knowledgeable, capable and caring. Consumers confirmed care staff were available to assist them when required and there were minimal delays. Consumers stated care and service staff knew what they were doing, they were appropriately trained and understood consumers’ needs and preferences. Consumers described staff as kind and caring.

The staff roster was based on the number of consumers at the service and their care and service needs. A registered nurse was either rostered or was on call (a registered nurse resides at the service).

New staff were required to meet the service’s minimum qualification requirements and were provided with an induction to the service and to their role.

The service provided all staff with ongoing training. The training program included sessions that were mandatory for all staff and sessions that were specifically designed for the various types of staff. Competency assessments were built into the training program.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 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

To understand if the organisation understood and applied the requirements within this Standard, the Assessment Team spoke with consumers, 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).

Consumers were engaged in the development, delivery and evaluation of care and services. Consumers considered the organisation was well managed and that they could partner in improving the delivery of care and services. Being a small, standalone organisation, consumers could communicate directly with the approved provider. Consumers referred to feedback processes and meetings as opportunities to contribute to improving the delivery of care and services.

The senior management team was the organisation’s governing body. A culture of safe, inclusive and quality care and services was promoted.

The organisation’s governance systems were generally effective. Systems to inform staff about aged care regulations and to ensure regulations are complied with, were not effective.

The organisation’s monitoring systems, such as the audit program were not effective as issues that relate to regulatory compliance and safety were not identified.

The organisation had effective risk management systems and practices and a clinical governance framework that included antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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.*

Systems to ensure regulatory compliance were not effective and the service did not meet all relevant regulatory requirements. The service did not develop behaviour support plans for all consumers who required one by the legislative timeframe. Staff have not had their first COVID-19 vaccine by the mandatory timeframe.

Systems to monitor regulatory compliance, such as the organisation’s audit program, were not effective as issues that related to safety and regulatory compliance were not identified and management were not informed. Including oxygen cylinder storage, emergency evacuation signage and the medication safe.

Behaviour support plans were not developed for all consumers who required one by the legislative timeframe of 01 September 2021. Records showed that seven of ten consumers who were subject to the use of a restrictive practice did not have a behaviour support plan in place. Management and clinical staff were not aware of this requirement. Staff commenced the preparation of behaviour support plans during the site audit and demonstrated that they were all completed on the last day of the site audit.

The Approved provider as part of its written response to the site audit report states that all consumers now have a behaviour support plan which were developed as part of the implementation of an electronic clinical management system. While I acknowledge consumers now have behaviour support plans developed, these were not in place at the start of the site audit and management were unaware of the requirement for some consumers to have behaviour support plans.

All members of staff did not have their first dose of a COVID-19 vaccine by the mandatory date of 16 September 2021. A review of data provided by management showed that 43 percent of staff did not have their first dose of a COVID-19 vaccine by the due date of 16 September 2021.

The Approved provider in its response stated there have been three attempts to vaccinate staff which have been ineffective, the Approved provider did not state what further plans are to take place to ensure staff are vaccinated against COVID-19 as per legislative requirements.

The organisation’s audit program was not effective as issues that relate to safety and regulatory compliance were not identified and management was not informed. Audits of the environment are conducted however the audit template does not cover all matters that are the subject of a regulation and therefore management was unaware of the following issues;

Full oxygen cylinders were observed to be standing without safety restraints on the landing of the main office. Management were unaware of this and instructed maintenance staff to remove the cylinders to safe storage. Small oxygen cylinders were also stored in the nursing office without hazard signage. Management were unaware of this and posted appropriate signage.

An emergency evacuation sign was observed that was no longer consistent with the layout of the buildings; evacuation routes shown on the sign were no longer accessible. Management were unaware of this inconsistency. The evacuation sign was amended during the site audit.

The medication safe was observed to be not secured to a wall or fixture but was sitting free on a coffee table. Management was unaware of this and said this was due to the renovations in progress. Maintenance staff secured the safe during the site audit.

Management stated the organisation had systems to identify relevant regulatory requirements and to inform management and staff. However, information contained above does not support these systems were effective.

Management stated they monitored the effectiveness of these systems through databases and audits to ensure the service complies with its regulatory responsibilities. These monitoring processes were ineffective in identifying the deficits listed above.

While the organisation has ineffective processes to comply with parts of their regulatory compliance responsibilities records confirmed all staff had a current police certificate, all staff had an annual influenza vaccination, the service was aware of their reporting requirements under the Serious incident response scheme and the service had an effective COVID-19 outbreak management plan and screening processes.

The Approved provider in its written response to the site audit findings, has stated the service’s internal and external auditing system is in the process of being replaced and once the systems are fully integrated it will be a current and compliant system.

While I acknowledge the implementation of new systems take time to implement, the organisation is required to be compliant with all aspects of regulatory compliance, regardless of replacing existing auditing systems.

Based on the information contained above, it is my decision this Requirement is Non-compliant.

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

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

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

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

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

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

# Areas for improvement

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

* The organisation requires effective governance systems relating to regulatory compliance.