Nazareth House Wynnum

Performance Report

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**Commission ID:** 5219

**Provider name:** Nazareth Care

**Site Audit date:** 18 October 2021 to 20 October 2021

**Date of Performance Report:** 01 December 2021

# Performance report prepared by

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# 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** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | 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** | **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) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The approved provider’s response to the Site Audit report received 16 November 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and their representatives said staff treat them in a kind and respectful manner and value their culture and diversity. Consumers/representatives spoke positively of the service and provided examples of how the service supports them to be independent, exercise choice and make decisions about the care and services provided. Consumers said they are supported to maintain relationships and do the things they like to do. They provided examples of how their privacy is respected.

Consumers and staff provided examples of how consumers are supported to take risks. Consumers said that where they choose to take risks, staff discuss this with them and ensure they are aware of the risks and safety considerations associated with their actions.

Staff explained how they facilitate communication with those consumers who experience communication barriers, including for consumers from a non-English speaking background or those with a cognitive impairment.

The Assessment Team found staff spoke respectfully about consumers. Staff described consumers’ backgrounds, culture, personal circumstances and preferences, and how this influenced the delivery of care and services. Staff said they if they witnessed a consumer being treated in an undignified and disrespectful manner, they would immediately report to the registered nurse or management.

The service uses various mechanisms to ensure consumers are provided with information to make informed decisions, including via individual and consumer meetings and written materials (such as menus, monthly newsletters and activity schedules).

Staff were observed greeting consumers and their visitors with familiarity and in a respectful manner.

Assessment and care planning documentation demonstrated that consumers’ background, religious, spiritual and cultural needs and preferences were documented. These were understood by staff. Consumers’ care documentation described the areas in which they are supported to take risks and relevant assessments and strategies for managing risks are included in care directives for staff to follow.

Care documentation and other confidential information was stored on a password protected computerised system. Hard copy documentation was stored securely in a lockable cupboard and office.

Policies and procedures relevant to Standard 1 were available to provide guidance to staff in areas including consumer choice, diversity, and decision-making and risk. Staff receive training and education in these areas.

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 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

Consumers/representatives are satisfied with the service’s assessment and care planning processes. Consumers reported they are involved in care planning and assessment, as are others who are important to them and relevant health professionals. They said staff understand and respect their needs and preferences, including in relation to end of life.

Assessment and care planning is conducted for consumers on entry to the service and in response to changing care needs or preferences. Registered staff utilise a suite of assessment tools.

Care planning documentation generally summarised information relevant to consumers’ needs and risks to their health and well-being, including in relation to complex care needs, mobility and skin care. Consumers’ care planning documents included advance care planning and end of life planning and detailed an ongoing partnership with the consumer and others in assessment, planning and review of their care and services. There was evidence of input from medical officers, specialists and allied health professionals.

Staff described what was important to the consumers in terms of how their personal and clinical care was delivered, and this information was aligned with information in consumers’ care plans. Staff demonstrated an understanding of strategies to manage risks for individual consumers.

While most consumers said they had not been offered a copy of their care plan they were generally aware of what care plans contain as staff regularly discuss their needs and preferences. The service demonstrated it communicates assessment and planning information to consumers, and management advised this process was being reviewed at the time of the site audit. Representatives are contacted by the service when a change or incident has occurred.

Care documentation (including care plans, progress notes and consumer preference) is available and easily accessible to staff and others involved in the care of consumers. The service’s clinical indicator, incident and outcome data is monitored.

The service has a suite of policies, procedures and assessment tools relevant to Standard 2 available to guide staff practice, including in relation to assessment and planning and consumer-centred care.

While the Assessment Team identified deficiencies in relation to the service’s management of restrictive practices, this information has been considered under Standard 3, requirement 3(3)(a).

However, the service was not regularly reviewing consumers’ care and services.

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

The Assessment Team identified deficiencies with the service’s management of restrictive practices and management of a consumer requiring oxygen therapy under this requirement. This information has been considered under requirement 3(3)(a).

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 Assessment Team identified deficiencies with the service’s management of restrictive practices under this requirement. This information has been considered under requirement 3(3)(a).

Overall, consumers/representatives felt involved in the consumer’s assessment, planning and review of care and services. However, regular review of consumers’ care was inconsistent. While some consumers’ care plans demonstrated regular review and review when circumstances change or incidents occur, other consumers’ care plans were not regularly reviewed.

While consumer/representatives reported being informed when an incident occurs and circumstances change, most were not aware if regular care plan reviews occur and were not aware of the service’s case conference processes.

While senior clinical staff advised the service has a care plan review schedule, there was no evidence that regular reviews had occurred, and care plan reviews were not current.

The approved provider’s response to the Site Audit Report acknowledged the deficiencies identified and planned to address these by implementing established schedules for three-monthly care plan reviews and annual case conference reviews, and conducting monthly and annual satisfaction consumer/representative satisfaction surveys.

While the approved provider has commenced action to address the identified deficiencies, at the time of the site audit, the service was not regularly reviewing consumers’ care and services. Therefore, this requirement is non-compliant.

# 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

Consumers/representatives interviewed reported that they get the care they need from staff who are kind and caring. Consumers’ representatives provided positive feedback about the care and services and provided examples of the service responding in an appropriate and timely manner to incidents. Consumers were satisfied that staff talk to them about their care and explain risks, and staff are responsive to changes in their condition.

Consumers/representatives were satisfied that their needs and preferences are effectively communicated between staff. Consumers were satisfied timely and appropriate referrals occur when needed and they have access to relevant health professionals such as allied health professionals, medical specialists and specialist services of their choice.

Staff described their role in responding to deterioration or changes in a consumers’ condition and how they support consumers nearing end of life. Staff advised they receive training relevant to their role.

Staff described the mechanisms they use to share and receive information about consumers, including via the electronic care system, handover and worksheets. Registered staff discussed the processes in place for referrals and ensuring consumers attend scheduled appointments. Staff described how the input of other health professionals informs care and services for consumers.

The service has an electronic care management system that stores consumers’ care documentation, which is accessible to staff, medical officers and other health professionals. Care planning documents were individualised and reflected the identification of, and response to, changes in the consumer’s condition and/or health status. Advanced care planning information and end of life preferences are included.

Clinical records and communication books reflected referrals to and input from medical officers, allied health professionals, geriatricians, and other health services.

Care documentation demonstrated effective strategies are implemented to manage key risks related to personal and clinical care of each consumer. Staff identified the highest prevalence risks for consumers, including pain, falls, skin integrity and wounds, complex behaviours, weight and nutrition management and specialised nursing requirements for chronic disease. Staff described individual consumers’ risks and strategies to manage those risks.

The service has an established process to ensure infection-related risks are minimised. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff regularly receive infection control training. The service has an emergency management plan for COVID-19 and a vaccination program for staff and consumers.

The organisation has a range of policies and procedures relevant to this Quality Standard to guide staff practice. Clinical indicators are monitored and discussed at clinical and governance meetings.

However, the service was not effectively managing restrictive practices, especially in relation to the assessment and monitoring of chemical and environmental restraints.

The Quality Standard is assessed as non-compliant as one of the seven specific requirements has 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 service was unable to demonstrate clinical care delivery was best practice in relation to restrictive practice assessment and review and monitoring of some consumers prescribed chemical restraint. Information relating to restrictive practices and risks provided in the Site Audit report under requirements 2(3)(a) and 2(3)(e) has been considered under this requirement.

Consumers and representatives were satisfied with the care and service they receive and considered their needs and preferences are met. Care planning documentation for sampled consumers generally demonstrated consumers receive safe and effective personal and clinical care, including for consumers with complex care needs such as pressure injuries, wounds or chronic pain. However, information contained under requirement 2(3)a) identified a consumer who requires continuous oxygen therapy and who smokes did not have risk assessments or strategies in place to guide staff to safely manage the consumer’s oxygen requirements.

The service has a restrictive practice minimisation policy and guidelines, reviewed most recently in July 2021. The service utilises several restrictive practices; mechanical restraint (bed rails and low beds), chemical restraint (psychotropic medication) and environmental restraint (secure memory support unit).

Consumers subject to these restrictive practices had consent and authorisations in place. However, risk associated with the use of chemical restraint for three consumers and environmental restraint for 11 consumers had not been assessed.

Review of the service’s psychotropic medication register and consumer care documentation demonstrated the majority of consumers receiving psychotropic medication had not had their medication regularly reviewed, and in accordance with the service’s policy, including those consumers prescribed psychotropic medication as a chemical restraint.

Legislative requirements associated with restrictive practices were not well understood by staff, particularly in relation to assessment of risk and review and monitoring.

The approved provider’s response to the Site Audit Report acknowledged the deficiencies identified and provided actions taken or in progress to address the deficits, which included:

* Complete risk assessments for all consumers subject to restrictive practices and high-risk consumers.
* Review and revise the service’s restrictive practice policy and distribute to staff.
* Provide education and training to registered staff on restrictive practices and the service’s policies to ensure staff have a shared understanding of assessment and monitoring of risks associated with restrictive practices.
* Complete medication reviews three-monthly (including for consumers chemically restrained and polypharmacy for consumers) and residential medication management reviews annually.
* Include restrictive practices and risk assessments on the agenda for weekly clinical governance meetings.
* Review the service’s psychotropic medication report in various governance meetings.

While the approved provider has commenced action to address the identified deficiencies, at the time of the site audit, the service was not consistently assessing risks to consumers, including those consumers subject to restrictive practices, and was not regularly reviewing consumers’ psychotropic medication, including where it was used as a chemical restraint. Therefore, this requirement is non-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 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers/representatives felt supported to do the things they want to do and have equipment and resources available to support them to be as independent as possible and participate in activities, both internal and external to the service. Consumers confirmed staff and others delivering care and services to them were aware of their needs and staff were available to talk to should they require emotional support or required assistance to maintain relationships with people important to them.

Staff demonstrated a shared understanding of what was important to individual consumers including what they liked to do, their relationships of significance, and their emotional, cultural and spiritual support needs. Staff confirmed the activities program was planned and contained a variety of individual or group activities, seven days per week. Staff described how they work with consumers to engage in activities of interest to them that are not part of the activities program.

Staff described the individualised strategies to support consumers when they were feeling low or experiencing an emotionally difficult event, and when to escalate concerns to registered staff for assessment. Staff described communication processes used to share information about consumers’ needs and preferences.

Care planning documentation was individualised and included information on each consumer’s background and life history, cultural preferences, emotional and spiritual needs, likes, dislikes, nutritional requirements or preferences, activities of interest and who is important to the consumer. Documentation also identified others involved in the provision of lifestyle services and supports.

However, consumers were dissatisfied with the quality of the meals and some consumers were being provided meals that did not meet their specific dietary requirements and preferences. Limited feedback was sought and obtained from consumers regarding meals, and documented negative feedback was not been actioned.

The Quality Standard is assessed as non-compliant as one 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) 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) Non-compliant

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

Overall, consumers provided mixed feedback about the quality, quantity and variety of food provided to them. However, four consumers expressed dissatisfaction with the quality of the food and said food provided to them did not meet their specified dietary requirements.

Care planning documents record consumers’ dietary requirements and preferences and this information is available in folders in kitchen areas of the service and updated weekly. Changes are also communicated to kitchen staff via a whiteboard and communication diaries.

However, hospitality staff reported they do not routinely refer to the consumer’s dietary needs and preferences folders during meal preparation and plating as the document is complex and written in small text that is difficult to read. Instead, staff use a tick sheet that identifies consumers’ meal choices, but this does not include information about dietary needs and preferences, including allergies or food/fluid consistency requirements. This was consistent with the Assessment Team’s observations of a meal service where staff verbally confirmed meal preferences with consumers, however, did not review consumer dietary needs and preferences folder when plating food.

Staff and management advised consumer feedback with meals is obtained through direct feedback to staff, consumer meetings and surveys. However, limited feedback has been sought and obtained from consumers regarding meals, and where documented negative feedback has been received, this has not been actioned. Consumer dissatisfaction with meals reported in an annual survey was not actioned or addressed. Consumer meetings are infrequently held. Consumers were not involved in the development of the new menu.

The approved provider’s response to the Site Audit Report acknowledged the deficiencies identified and provided actions taken or in progress to address the deficits, including:

* The catering manager met with the consumers/representatives named in the Site Audit Report and discussed food preferences.
* Management has addressed consumer/representatives’ concerns raised regarding meals and will continue to monitor and action feedback and complaints.
* Meals is an agenda item for the consumer meeting.
* Training and information have / will be provided to staff about revised process and forms for staff to utilise regarding consumer meal preferences and dietary requirements.

While the approved provider has commenced action to address the identified deficiencies, at the time of the site audit, the service was not providing meals that were of suitable quality and met consumers’ specified dietary requirements. Therefore, this requirement is non-compliant.

### 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

Consumers/representatives reported they felt safe and a sense of belonging at the service. They said the service environment is clean, comfortable and well maintained and they can navigate and move easily around the service. Consumers said when they reported issues to maintenance these were addressed promptly.

The service environment was observed by the Assessment Team to be welcoming and supporting consumers’ sense of belonging, independence and engagement. The service was clean, well-maintained, and enabled free movement, both indoors and outdoors. Consumers were freely mobilising indoors and in the outdoor garden areas of the service. Equipment was observed to be clean and well maintained.

Staff described the service environment is designed to support consumers to move freely and congregate in shared spaces with visitors. Management and staff described the cleaning schedule and additional measures put in place as a result of COVID-19.

Maintenance staff advised they ensure the environment is safe and well maintained through scheduled preventative maintenance and reactive maintenance programs. Staff described the process to report issues with equipment.

Review of the maintenance documentation demonstrated arrangements in place with external contractors to ensure equipment is suitable and maintained, regular maintenance of equipment is completed, and maintenance issues are reported regularly and addressed promptly.

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

Consumers/representatives reported they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken by the service. Consumers/representatives gave examples of improvements made by the service in response to feedback.

Consumers/representatives described the various mechanisms available to them should they wish to provide feedback, make a suggestion or raise a complaint. Consumers/representatives said management at the service address their concerns and confirmed that management and/or staff provide an apology during the resolution process.

Management and staff described the various mechanisms available to consumers/representatives to provide feedback or make a complaint, however, management acknowledged there have been limited consumer meetings in 2021 due to senior staff changes but these would recommence more regularly. Staff said most consumers who raise concerns do so directly with staff and issues are generally addressed immediately.

Consumers/representatives have been provided with information regarding advocacy services and how to raise a complaint via external organisations and regulatory bodies. Staff interviewed were aware how to access advocacy and language services, and consumers stated they would raise concerns with management in the first instance.

Management advised complaints are reviewed and inform continuous improvement activities. Complaints are analysed and trended and reviewed at a service and organisational level. Management gave examples of improvements made as a result of feedback or complaints, including in relation to meals and laundry

The service has a documented complaints management framework, policies and procedures that guide staff in documenting, resolving and evaluating feedback and complaints. The service’s complaints register identified action is taking in a timely manner in response to feedback and complaints. The service’s plan for continuous improvement demonstrated improvements are implemented in response to feedback, complaints and other mechanisms to improve the quality of care and services. Training records confirmed staff received education on feedback, complaints and open disclosure.

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

Consumers/representatives considered that they get quality care and services when they need them and from people who are kind, caring, gentle, knowledgeable and capable. Consumers/representatives reported there is sufficient staff to meet their needs and staff know what they are doing. Consumers/representatives expressed confidence in the quality of care and services they were receiving, stating staff were competent and well trained.

Management demonstrated staffing levels are reviewed and adjusted in line with consumer numbers, needs and the layout of the service. The service does not use agency staff, and instead maintains a pool of casual staff who can be contacted at short notice to fill gaps. Registered staff are on site 24hours per day.

The governing organisation has training accreditation and the service offers traineeships to graduates and uses this capability to recruit and develop staff. Staff recruitment is a continual process.

Staff reported that while they can be busy at times, they have enough staff rostered and adequate time to attend to consumers’ personal preferences and care needs. Staff confirmed they receive training and support to perform their role.

The service has a learning management system that is role-specific. New staff complete orientation and mandatory training prior to starting. Staff have access to a range of education and training programs relevant to their roles, including in relation to quality standards, COVID-19, minimising restrictive practices and serious incident response scheme. Staff complete annual mandatory training and various competency assessments as a requirement of their role and have access to additional education activities.

The service has a staff performance framework and relevant policies and procedures. Staff performance is monitored through probationary performance reviews, annual performance appraisals, mandatory education and competency assessments, and observations of staff performing their role. While performance appraisals for most staff were not current at the time of the Site Audit due to management changes, the service had a schedule for conducting the staff performance appraisals and had commenced these with some staff.

The Assessment Team observed interactions between management, staff and consumers/representatives to demonstrate a kind, caring and respectful approach.

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

The organisation has processes to support consumers to engage in the development, delivery and evaluation of care and services. Informal mechanisms to engage with consumers are predominately utilised. While formal forums are in place, such as consumer/representative meetings, complaints and consumer surveys, these have not occurred regularly. Consumers reported being involved in discussions about care and service and that their input and feedback was sought.

The organisation has a strategic quality and clinical governance framework that focuses on service delivery to consumers that is personal, coordinated, safe and achieved in partnership with the consumer/representative, staff and service delivery systems.

The services monitors, analyses and reports clinical indicator data and this is used to drive improvement in delivery of care and services. The Board reviews incidents, consumer feedback and complaints, staffing, and continuous improvement.

The organisation has effective governance systems in place that include information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

A risk management framework and polices have been implemented by the organisation and a process is in place to monitor and ensure effectiveness. Staff have received training on the organisation’s risk management policies and provided examples of their relevance to their work. Staff demonstrated a shared understanding of what constitutes elder abuse and neglect and described their reporting responsibilities under the serious incident report scheme when they become aware or have a suspicion of a reportable assault.

The organisation has a clinical governance framework in place that addresses anti-microbial stewardship, minimising restrictive practice and open disclosure and staff demonstrated a shared understanding of these concepts and could explain how they were applied in their daily practice. However, the service’s clinical governance systems were not effective in relation to restrictive practices.

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) Compliant

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

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

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

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

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

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

While the service has a clinical governance framework in place, clinical governance systems and processes were not effective in ensuring:

* risk associated with the use of restrictive practices (chemical and environmental restraint) were assessed;
* psychotropic medication was regularly reviewed; and
* senior clinical staff understood legislative requirements associated with restrictive practices, particularly in relation to assessment of risk and review and monitoring.

The approved provider’s response to the Site Audit Report acknowledged the deficiencies identified and provided actions taken or in progress to address the deficits, including:

* completed risk assessments for all consumers subject to restrictive practices and high-risk consumers
* revising the service’s restrictive practice policy;
* educating and training registered staff on restrictive practices and the service’s policies to ensure staff have a shared understanding of assessment and monitoring of risks associated with restrictive practices;
* added restrictive practices and risk assessments to the agenda for the weekly clinical governance meeting;
* continued collection, trending and reporting of clinical indicators to governance team and provider executive; and
* review of the service’s psychotropic medication report in various governance meetings.

While the approved provider has commenced action to address the identified deficiencies, at the time of the site audit, the service’s clinical governance systems were not effective in relation to restrictive practices.  Restrictive practices were not well understood by staff and care planning documentation did not evidence consistent monitoring of consumer’s condition or effectiveness. Therefore, this requirement is non-compliant.

# 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 2(3)(e) – Consumers’ care and services are regularly reviewed.
* Requirement 3(3)(a) – Consumers receive safe and effective personal and clinical care. The service assesses risks to consumers, including those consumers subject to restrictive practices, and regularly reviews consumers’ psychotropic medication, including where it was used as a chemical restraint.
* Requirement 4(3)f) – Meals are of suitable quality and meet consumer’s dietary requirements.
* Requirement 8(3)(e) – Effective clinical governance systems are in place, including in relation to restrictive practices.