New Horizons Aged Care Facility

Performance Report

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NORTH RYDE NSW 2113  
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**Commission ID:** 2393

**Provider name:** New Horizons Enterprises Limited

**Site Audit date:** 27 October 2020 to 29 October 2020

**Date of Performance Report:** 24 December 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Non-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** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the 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 26 November 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

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

For example:

* All consumers interviewed stated that the staff were kind, caring and very respectful towards them.
* All consumers interviewed confirmed that their personal privacy was respected by the staff.
* Consumers interviewed confirmed that staff knew what was important for them and could provide them with things that they required.

Most staff were able to describe how consumer’s privacy and independence is respected and staff were observed to treat consumers with dignity and respect. Despite positive consumer feedback and observations during the visit the Assessment Team reported that the strategic plan and the continuous improvement plan contained no information about how to provide care in a culturally safe way and there was no diversity policy in place. The Assessment Team also found that the consumer handbook could be improved to reflect that consumers drive decision making and found this requirement Non-Compliant.

The approved provider’s response identified that the strategic plan does contain information on providing culturally safe care, however acknowledged the additional gaps and advised that they have subsequently developed and implemented a diversity and cultural inclusion policy. The consumer handbook has been updated to reflect that consumer’s drive decision making.

The Quality Standard is assessed as Non-compliant as one of the six specific requirements have been assessed as Non-compliant. A decision of non-compliant in one or more requirements results in a decision on Non-compliant for the Quality Standard.

## 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.*

The Assessment Team found that overall consumers sampled said they feel respected and valued as an individual at the service. They said staff speak to them respectfully and feel staff know them and understand their preferences. Staff interviewed were respectful when discussing consumers and demonstrated a good knowledge of the consumers’ background and preferences. Care plans identify the consumers life story which assists staff to understand who they are. Staff were observed interacting with consumer’s in a courteous and respectful manner and had a good understanding of the consumer’s identity.

The Assessment Team were unable to locate a diversity policy and management confirmed that the service did not have one.

In their response the approved provider advised that a diversity policy has been developed and implemented since the date of the site audit.

The Assessment Team found that the community participation and inclusion policy out-lines how the service enables individual consumer participation and internal processes that support participation and inclusion. This policy was due for review in September 2020. Based on feedback from the assessment team the approved provider advised that this policy has now been reviewed and updated.

While the Assessment Team found that the provider was non-compliant with this requirement, I am satisfied based on consumer/staff reports and observations during the audit along with the approved provider response that this requirement is compliant.

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

*Care and services are culturally safe.*

The Assessment Team found that consumers sampled were able to describe their cultural background and how staff valued it. Care staff said that they had learnt a few words in the consumers language so that they could communicate with them. Staff interviewed were able to describe consumers background but not how the culture of the consumer influenced their day to day care.

Care planning documents reviewed all contained information on consumers cultural and personal preferences. A review of the service’s strategic plan for 2020-2022 and the continuous improvement plan showed limited information outlining what it means to provide care in a culturally safe way.

In their written response the approved provider includes information about actions taken to address the findings. The approved provider acknowledges their intent to use a Diversity Tool to incorporate the Diversity policy and embed this framework into service delivery and that the continuous improvement plan now reflects this element.

At the time of the site audit there were identified gaps and I find this requirement is Non-compliant.

### 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.*

The Assessment Team found that overall, consumers and their representatives said that they are supported to exercise choice and independence. One consumer identified that that there is limited choice with meals, however another consumer representative said that the service provides food to the consumers preference. Consumers interviewed said that staff help them to maintain relationships with their families and loved ones and that staff were obliging with their choices about their care.

Staff were able to describe what consumers liked to do and how they supported them to do these things. Staff were able to describe how they support the consumers to maintain relationships. In response to COVID-19 related visitor restrictions, there was variance in responses from consumer representatives regarding, satisfaction with visitation. The approved provider acknowledged that more could be done to facilitate some relationships between some consumers and their representative and outlined strategies they implemented to enhance the maintenance of relationships.

The Assessment Team found this requirement non-compliant. However, in the written response the approved provider highlighted areas of the strategic plan 2020-2022 that do support consumers to drive decision making and maintain relationships. The approved provider response indicated that the consumer handbook has been updated to reflect that consumers exercise choice, drive decision making and maintain relationships that enhance their lives.

I am satisfied that based on consumers, representatives and staff feedback along with the approved provider response refuting the Assessment Team finding regarding the strategic plan, that this requirement is compliant.

### 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.*

The Assessment Team found that overall, consumers are generally happy with the information provided. One consumer said that brochures were available at the reception desk and another said that the service provides information when requested. Consumers are invited to attend the quarterly food forum to discuss preferences and kitchen staff speak to consumers individually about preferences. One staff member advised that consumers are not given information about options for activities although staff reported that consumers receive copies of activities schedules and newsletters and that the newsletter is also available in podcast format.

Observation and review of documents revealed that information is provided to consumers which is current, accurate, communicated clearly and enables them to exercise choice. However, one brochure regarding bringing food into the service was reviewed and found to be out of date.

While the Assessment Team found this requirement non-compliant, the approved provider response has persuaded me that a different view is preferred. The approved provider clarified that consumers preferences and choices regarding interests and activities forms a central part of their care plan and that the consumers meeting agenda and terms of reference has been changed to ensure consumers input is sought regarding preferred activities. The approved provider advised that the out of date document has been updated and that this change occurred in June 2020 and this information was communicated to stakeholders during a morning tea at that time. I am satisfied that the evidence indicates this requirement is compliant.

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

Overall sampled consumers (and their representatives) reported that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers said they are offered choices regarding their personal and clinical care and staff respect their choices.
* Representatives confirm they are consulted if changes to a consumers’ health and wellbeing occurs and are involved in care planning and care plan review.

The service demonstrates assessment and planning is based on ongoing partnership with consumers and includes appropriate input from other individuals or organisation involved in consumers’ care. The service has effective systems for review of care and services including when circumstances change, or incidents occur. A schedule for assessment following entry to the service is embedded into the electronic consumer care management program.

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.*

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

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

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

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

# STANDARD 3 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 how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, consumers considered that they receive personal and clinical care that is safe and right for them. Consumers and their representatives interviewed confirmed that consumers have access to a doctor or other health professionals when they need it.

Examples include:

* “The clinical care is good; my doctor comes regularly and if I need them. They help me with specialists’ visits”.
* “I feel safe and get care that is right for me”.

The service identifies best practice through a variety of methods to support outcomes for consumers. Staff are supported with training, guidelines and instruction and confirm knowledge of consumers’ needs, goals and preferences. An infection control program is in place to minimise infection risk including infection outbreak management. The organisation has systems to promote appropriate antibiotic prescribing. Risks associated with the care of each consumers are identified and interventions put in place which are known to staff.

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.*

### 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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall, sampled consumers considered that they receive services and supports that maximise their health and well-being. Consumers said they were supported to do things that they like to do, and that staff support them to keep in contact with people who are important to them. Most consumers sampled said they enjoyed the food at the service and that it is plentiful.

The assessment team found that the activities program is not regularly reviewed and that consumers are not consulted for input regarding preferred activities. Some consumers and representatives expressed dissatisfaction regarding visitor restrictions in response to COVID-19 and that more effective systems to support maintaining relationships could have been implemented. The Assessment Team identified limited opportunities for consumers who do not have family to access external services.

The approved provider response acknowledged the challenges regarding consumers maintaining relationship related to COVID-19 and advised that mechanisms will be put in place to ensure consumers are more actively involved in choosing preferred activities.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant. A decision of non-compliant in one or more requirements results in a decision on non-compliant for the Quality Standard.

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found that overall consumers sampled explained how the service assists and supports them in daily living. Consumer care files included information to monitor changes in consumer needs and care. Staff were able to explain what was important to consumers and what they liked to do.

Minutes from consumer meetings did not include input from consumers about preferred activities. An activities schedule is put up each month, however it is not regularly reviewed, and consumers are provided with limited information to enable them to exercise choice with activities. Despite this, consumers were observed to be enjoying the activities on offer during the visit.

The approved provider response advised that consumers will be provided with additional opportunities to provide input into the activities schedule, however based on the information available at the time of the site audit, I am satisfied that this requirement is Non-compliant.

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

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

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

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

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

The Assessment Team found that consumers interviewed said that they have missed being able to go on outings outside the service during the period of visitor restrictions associated with COVID-19. Care plans included information about how consumers participate in the community and maintain relationships and staff provided examples of how they support consumers to keep in contact with people who are important to them.

Management were unable to provide information about how they would support consumers who do not have family or other supports to be able to access external services and advised the bus outings will not continue following easing of restrictions. Some feedback from consumers and their representatives related to visitor restrictions suggested that more effective processes to enhance maintaining relationships were required.

The approved provider response acknowledged the challenges faced with visitor restrictions and advised that consumers would have an option to access outside services with a staff escort. They did not dispute the findings of the Assessment Team. Based on findings during the site audit and no contrary evidence provided by the approved provider, I am satisfied that this requirement is Non-compliant.

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

Overall sampled consumers considered that they felt they belong in the service and feel safe and comfortable in the service environment.

For example:

* Most consumers said that “they feel at home here”. Consumers/representatives interviewed are happy with the service environment stating that it is a safe and comfortable homelike environment that meets their needs.
* Consumers/representatives interviewed indicated that the services environment is safe, clean, well maintained and comfortable; and enables consumer to move freely, both indoors and outdoors.

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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. However, consumers interviewed said they didn’t know where the feedback and complaints box is located to raise concerns, provide feedback or make a complaint. Consumers and their representatives described being comfortable to take concerns to staff or the manager and were able to identify improvements made because of feedback or complaints.

The Assessment Team found that where consumers or their representatives had provided feedback, appropriate actions are taken to address the issue and communicated. Despite this, the service did not demonstrate a clear understanding of open disclosure principles and that an open disclosure process was used in a timely manner when things go wrong such as an incident.

The approved provider response acknowledged the gaps identified and will provide further avenues for consumers/representatives to provide feedback/complaints and have developed and implemented an open disclosure policy.

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-compliant. A decision of non-compliant in one or more requirements results in a decision on non-compliant for the Quality Standard.

## Assessment of Standard 6 Requirements

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

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

The Assessment Team found that consumers interviewed described being comfortable in taking a complaint to staff and management, however some representatives expressed dissatisfaction with the complaint management at the service while another stated that management do not listen to their concerns and that the consumer or representative suffer repercussions if they make a complaint.

Most staff interviewed are aware of the suggestion box at the receptions and where the forms are kept, while another staff member was unaware if there was a suggestion box in the service or how they would assist consumers to make a complaint or give feedback.

The suggestion box as well as feedback and complaints are located at reception and the Assessment Team observed no other ways to make a complaint at the service.

The approved provider response identified improvements the service will take to improve the feed back and complaint handling process. They did not dispute the findings of the Assessment Team. At the time of the site audit there were identified gaps and I find this requirement Non-compliant.

### 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) Non-compliant

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

The Assessment Team found that consumers and representatives interviewed provided mixed feedback regarding their level of satisfaction with the outcomes to their complaint. Despite a lack of communication with the complainant, the service was observed to be taking appropriate action to address these issues. Some staff did not have a clear awareness of the open disclosure processes in the service nor a clear understanding of the concept. Management confirmed that there is no open disclosure policy and due to a lack of understanding of open disclosure principles this process was not always followed when things go wrong.

The approved provider response advised that an open disclosure procedure has been developed and implemented since the date of the site audit and this has been incorporated into the employee handbook to improve staff awareness. Due to this not being in place at the time of the site audit and that the Approved Provider needs time to demonstrate the effectiveness of the implementation of this policy, I find this requirement Non-compliant.

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most consumers felt that they get quality care and services from people who are knowledgeable, capable and caring and felt confident that staff are skilled enough to meet their needs. Staff were observed to be kind caring and capable and management demonstrated that there are effective systems in place to ensure that staff are well trained and monitored.

While staff have received training in the Aged Care Quality Standards, it was noted that some staff had a basic understanding of the new standards. A review of the training matrix indicated that a large portion of staff have not completed mandatory training or yearly appraisals since mid - 2019. Review of documentation and staff interviews revealed that review of staff performance is not reflected across the last eighteen months.

The approved provider acknowledged that the information regarding staff training was not represented accurately and that they anticipate further completion of mandatory training and performance appraisals.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant. A decision of non-compliant in one or more requirements results in a decision on non-compliant for the Quality Standard.

## 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) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.* The Assessment Team found that consumers were generally satisfied with the skills and knowledge of staff at the service and provided examples of staff being competent in managing consumers presenting with behaviours of concern.

There was some variance in staff understanding of the Aged Care Quality Standards and some staff had requested additional training yet not received it. Review of the training matrix indicated that a large proportion of staff had not completed mandatory training, however the service was observed to have an annual mandatory education program.

The approved provider response clarified that the training matrix had not been updated and therefore not entirely accurate, however based on the matrix at the time of the audit along with variance in staff response regarding training and knowledge, I am satisfied this requirement is Non-compliant.

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

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

The Assessment Team found that most staff interviewed advised that they had not completed a performance appraisal in the last 18 months and attributed this to COVID-19. Staff were not clear on the framework of future performance review time-frames although management advised that performance appraisals are conducted for all levels of the workforce except for agency staff.

Whilst the service has a formal process for monitoring and reviewing staff performance, it is evident that it has not been effectively implemented in the past eighteen months.

The approved providers response clarified that performance appraisal time-frames are documented in the employee handbook, however insufficient information was submitted to the decision maker regarding completion of performance appraisals in the past 18 months. I am satisfied that this requirement in Non-compliant.

# 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

Most sampled consumers and their representatives commented that the service is well run, clean and well maintained. Consumers felt they can be involved in the service planning if they wanted, although were unaware of how they might partner in improving the delivery of care.

The organisation has risk management systems and practices in place which have been effective in managing high impact or high prevalence risks associated with the care of consumers. However other systems such as information management, continuous improvement, workforce governance and feedback and complaints have not been effectively implemented.

In the approved provider response, the gaps identified were acknowledged and steps have been initiated to review the consumer experience framework with consumers and their representatives to participate in focus groups.

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant. A decision of non-compliant in one or more requirements results in a decision on non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found that overall, consumers and their representatives were unaware of how they could provide input into the development and evaluation of services. Staff however, were able to provide practical examples of how they involve consumers in service delivery. The Assessment Team did not access information that supports the organisation is engaging with consumers and the service does not have a consumer representative at clinical governance and board meetings amongst others.

The approved provider response noted that the input of consumers/representatives could be enhanced and will facilitate bi-monthly Aged care focus groups to achieve this purpose. Based on information available at the site audit and that the provider is yet to demonstrate the effectiveness of the new focus group, I am satisfied that this requirement is Non-compliant.

### 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.*

The Assessment Team observed that the service had governance systems in place and staff confirmed they can readily access information they need. The service identifies opportunities for continuous improvement and has effective financial management and reporting systems in place. The service has reviewed and educated staff on the new restraint guidelines and has a mandatory reporting policy in place.

However, the Assessment Team found that the systems for information management, workforce governance and feedback and complaints are not effective in ensuring the service complies with the governance systems that have been developed. The approved provider response did not refute the Assessment Team findings.

Based on observations at the time of the site audit, I am satisfied that 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.*

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

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

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

The Assessment Team found that Management and staff were able to identify information on antimicrobial stewardship and minimising the use of restraint and staff have received training in these areas. However, staff could not provide information on accessing policies for open disclosure and clinical governance.

Management were unable to identify the process they use for open disclosure and there was no policy in place for this process. Similarly, some staff were unable to provide examples of open disclosure.

The approved provider response acknowledged that an open disclosure policy has subsequently been developed and implemented and that this will be included in staff meetings and handovers to ensure staff awareness of the procedure.

I am satisfied that based on findings at the time of the site audit that 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 1(3)(b)

*Care and services are culturally safe.*

The Approved Provider must demonstrate that:

* the Diversity tool and policy is embedded into existing frameworks that translate to a change into a change in practice.
* They implement the actions and review processes outlined in the approved provider’s response to ensure ongoing compliance with this requirement.
* They have reviewed whether the actions taken have been effective for monitoring compliance and if there is a need for improved processes.

### Requirement 4(3)(a)

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

The Approved Provider must demonstrate that:

* Consumers have access and input to services and supports that reflect individual preferences and choice.
* It has implemented the actions outlined in the approved provider’s response to enhance communication with consumers.
* Review the approved provider actions to ensure ongoing compliance with this requirement.

### Requirement 4(3)(c)

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

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

The Approved Provider must demonstrate that:

* Consumers are provided with opportunities to provide input into how the service can provide supports to optimise participation, social and family relationships and exercise preference and choice.
* It has Implemented the actions outlined in the approved provider response and document outcomes from the consumers meeting and Aged Care focus groups.
* It has reviewed and monitored the outcomes of the consumer meeting and focus groups and developed and implemented action items to ensure ongoing compliance with this requirement.

### Requirement 6(3)(a)

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

The Approved Provider must demonstrate that:

* Consumers and their representatives are provided appropriate avenues that encourage and support feedback and the lodgement of complaints.
* Implement the actions outlined in the approved provider response to ensure that consumers are aware of how to make a complaint and where the feedback box is located.
* It responds appropriately to negative and positive feedback to improve the overall consumer experience.
* It reviews the improvement actions and whether further processes are required to ensure ongoing compliance with this requirement.

### Requirement 6(3)(c)

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

The Approved Provider must demonstrate that:

* The open disclosure practices occur when adverse outcomes arise, and that staff are provided with training to enhance their understanding of this concept.
* They have implemented the actions outlined in the approved provider response including develop and implement an open disclosure policy. Deliver an education module for staff as part of their mandatory training.
* It monitors and reviews the effectiveness of the open disclosure policy, procedure and training and develops alternate processes if required to achieve ongoing compliance with this requirement.

### Requirement 7(3)(d)

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

The Approved Provider must demonstrate that:

* Staff are provided with appropriate training and education and test their knowledge and understanding to deliver outcomes required by the standards.
* It implements the actions outlined in the approved provider response and incorporate this in to the continuous plan.
* It reviews and updates the education matrix for accuracy and develops a process to ensure ongoing compliance with this requirement. Update the continuous plan to include this process.

### Requirement 7(3)(e)

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

The Approved Provider must demonstrate that:

* There are mechanisms in place to monitor and review the performance of staff and that staff are aware of the performance appraisal process.
* It implements actions outlined in the approved provider response and incorporate this into the continuous improvement plan.
* It considers developing a new process that alerts staff and management that a performance appraisal is pending/overdue to reduce the likelihood of these not being completed within time-frames.
* Reviews and update the completion of performance appraisals and actions to ensure ongoing compliance with this requirement.

### Requirement 8(3)(a)

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

The Approved Provider must demonstrate that:

* Consumers are provided opportunities to be supported and engaged in the development, delivery and evaluation of care and services.
* Implements the actions outlined in the approved provider response and incorporates feedback from consumer’s and stakeholders into the consumer experience framework.
* It reviews and modifies the consumer experience framework consistent with feedback provided to ensure ongoing compliance with this requirement.

### Requirement 8(3)(c)

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

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

The Approved Provider must demonstrate that:

* The organisation has effective governance systems in place that cover the recommended systems and processes consistent with the sub-requirements.
* It implements the actions outlined in the approved provider response.
* It reviews updated policies, procedures and manuals to ensure that information is current and accurate and complies with best practice protocols and standards.

### Requirement 8(3)(e)

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

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

The Approved Provider must demonstrate that:

* The clinical governance framework is updated to include the open disclosure policy and that this is incorporated into staff training to embed the policy into practice.
* It implements the actions outlined in the approved provider response and monitor the effectiveness via existing quality management mechanisms.

It reviews the open disclosure policy and staff knowledge to ensure ongoing compliance with this requirement.