Oakden Green

Performance Report

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**Commission ID:** 6800

**Provider name:** Quality Care Homes Pty Ltd

**Site Audit date:** 21 February 2022 to 24 February 2022

**Date of Performance Report:** 6 April 2022

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Provider’s response to the Site Audit report received on 25 March 2022.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Non-compliance is in relation to Requirement (3)(d). Reasons for the findings are detailed in the relevant Requirement below.

Overall, sampled consumers considered 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. However, the service was not able to demonstrate adequate risk assessments are always undertaken to support consumers undertaking chosen activities involving risks such as; gardening, cooking and leaving the facility independently. See Requirement 1(3)(d).

Consumers/representatives felt staff treat them respectfully and with dignity in all interactions when delivering their care and services. Care planning documentation demonstrated that the organisation learns about the culture and background of consumers and what is important to them. Staff were able to demonstrate they were aware of individual consumers’ backgrounds and culture and they valued consumers and treated them with dignity and respect.

Consumers/representatives confirmed they are encouraged to be independent and staff know them and what is important to them. Staff were knowledgeable about the backgrounds, and lifestyle and care preferences of consumers.

Consumers said they are supported to maintain their independence, exercise choice and maintain relationships of importance to them. The service demonstrated they support consumers to make decisions relating to their care and services, identify their nominated representatives and decide which relationships are important to them. Management explained that consumer choices and decisions are supported through the care planning process, consumer/representative meetings and case conferences.

The service was able to demonstrate each consumer is able to exercise choice by being provided with timely information that is accurate, current and easy to understand. Menus, activity calendars and other notices were observed throughout each area of the service. Consumers advised they receive detailed information upon entry and ongoing information about the services through staff, emails, newsletters, activity calendars, text messages, letters and brochures.

The service was able to demonstrate that consumers’ privacy was respected, and personal information was kept confidential. Consumers/representatives were satisfied that staff respect their personal privacy and maintain confidentiality. Staff described practical ways they respect the personal privacy of consumers. Staff were observed knocking on consumer’s doors and closing them and speaking privately with consumers when providing care. Consumers' personal information was stored securely, and computers and electronic tablets used by staff were password protected. The service’s information systems identify relevant material as private and confidential.

## 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) Non-compliant

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

While the service demonstrated that consumers are supported to take risks that enable them to live their best lives, the service was not able to demonstrate that adequate risk assessments were completed in relation to some consumers engaging in; leaving the facility independently, gardening and cooking. Evidence relevant to the finding included:

* One consumer was supported in their choice to leave the facility independently to attend their dialysis appointments. However, there was no evidence that potential risks related to leaving the facility independently had been assessed and discussed with the consumer and no risk management strategies had been put in place by the service.
* The service had not completed risk assessments in relation to consumers' choices to undertake gardening or cooking at the facility. Staff were not able to demonstrate that strategies had been implemented to mitigate and/or manage potential risks such as; exposure to gardening chemicals, spores in potting mix or getting burned or cut when cooking.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and provided copies of completed risk assessments and functional assessments for the relevant consumers.

I acknowledge the service has reviewed the deficits identified by the Assessment Team and taken actions to conduct risk assessments and complete documentation for the relevant consumers. However, at the time of the site audit, there were several consumers for which risk assessments had not been undertaken to support them making informed choices about activities involving risk. The risks associated with these activities had not been discussed with the consumers/representatives and no agreed risk mitigating actions had been implemented to support the consumers to live the life they choose. The service’s processes for identifying consumers requiring dignity of risk assessments had not been effective in identifying the deficits as noted by the Assessment Team.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most consumers/representatives felt they got the care they need and they were partners in the ongoing assessment and planning of their care and services. This included meeting their current needs, goals and preferences as well as their advance care and end of life preferences, where they wished.

The service demonstrated that risks to health and well being were considered as part of the comprehensive assessment and planning of care and services for consumers. The service uses an electronic system to record the details of consumers’ care plans during the initial assessment and following changes. The initial assessment is completed over 28 days, after which, care plans are reviewed every 4 months or when changes occur.

As well as consumers/representatives, the assessment and planning process includes a range of health professionals such as; registered nurses, medical officers, physiotherapists, speech pathologists, dietitians and allied health professionals.

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 others involved in their care and services. Consumers and their representatives were aware they could access a copy of the care documentation if they wished.

The service reviews the effectiveness of care and services regularly, or as circumstances change or incidents impact on the needs, goals or preferences of the consumer. The service monitors and trends significant clinical indicators including; skin integrity, falls, hospitalisations, pressure injuries, and infections. Staff are guided by policies and procedures regarding processes for care plan review and these are accessible to staff in the nurse station. Staff were aware of their responsibility to report and document incidents and changes to consumer’s condition, needs or preferences.

## 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

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

Consumer files examined reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. This included advanced care and end of life instructions, where the consumer wished. Care planning documentation and progress notes included referrals and recommendations from specialist services which were being implemented. Key risks to health or well being were identified along with management strategies. Consumers and their representatives expressed confidence in the service’s advanced and end of life care, and felt the service will support them to be as free as possible from pain and to have those important to them with them.

The organisation has policies, procedures, guidelines and flowcharts for key areas of care including; falls, skin integrity, pain management and restrictive practices which are in line with best practice. Staff have access to these documents and were trained and knowledgeable about them. The service reports monthly on key clinical indicators and has regular audits to ensure best practice standards are being met.

The Assessment Team did identify gaps in the documentation of restrictive practices. All consumers appeared to be environmentally restrained without documented consent because they did not have the keypad codes to the main doors however, the service could demonstrate some consumers were able to leave the facility independently.

Changes to health or condition were identified and responded to appropriately and in a timely manner. The Assessment Team identified that some medication charts for psychotropic medications were not signed off by a medical officer. While the prescriptions were correctly signed, the service immediately liaised with the relevant medical officers and most of the medication charts were completed by the end of the site audit.

The service was able to demonstrate that information about the consumer’s condition, needs and preferences is documented and effectively communicated with those involved in the care of consumers. Consumers/representatives sampled are satisfied with the delivery of care, including the communication of changes to the consumer’s condition and the referral to other services.

The service demonstrated referrals to other health service providers or organisations was timely and appropriate. Care planning documentation confirmed the referral and involvement of other appropriate health services including; medical officers, dietitians, physiotherapists, speech pathologists and mental health support.

The service has documented policies and procedures to support the minimisation of infection related risks and the promotion of antimicrobial stewardship. The service had an infection control plan and demonstrated preparedness to control infectious outbreaks, including for COVID-19.

Consumers/representatives interviewed were satisfied with the service’s hygiene standards and infection control practices including the management of COVID-19. Staff were observed using personal protective equipment and practicing good hand hygiene techniques. The service had COVID-19 screening and monitoring arrangements in place and vaccination records indicated all consumers and staff were vaccinated. The service environment was observed to be clean with hand sanitising stations, posters and brochures promoting infection control measures placed throughout the service.

### 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 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

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

The service was able to demonstrate that consumers generally receive safe and effective services and supports for daily living that meet their needs, goals and preferences. Consumers/representatives interviewed said they feel supported to be independent and pursue activities of interest to them, within the service and outside in the community.

Care planning documentation included information about the consumer’s spiritual beliefs, social supports and strategies to promote their emotional well-being. Most consumers/representatives reported that their emotional, spiritual and psychological needs were well supported, however, one consumer advised that he would prefer a chaplain from his church to visit. Staff could explain how they know when a consumer is feeling sad or ‘down’ and said they sit and talk to them and report it to the registered staff to provide additional support.

The service was able to demonstrate strong community links that encourage consumer involvement and that consumers are able to maintain personal relationships and do things of interest to them.

Consumers/representatives reported they are supported to maintain relationships with those that are important to them. Consumers are supported to keep in touch with people through visits in the service or by phone or other technology. Staff confirmed they help consumers to stay in touch with family and friends using a variety of methods. The lifestyle activities calendar showed a wide range of options for consumers both inside and outside the service. A survey of the lifestyle program indicated consumers were positive about the lifestyle program.

The service regularly referred consumers to appropriate other organisations and providers of care and services to optimise consumers’ health and well-being. Consumers/representatives confirmed they are supported by other organisations and service providers which was evidenced in their care planning documents.

Most consumers/representatives sampled expressed satisfaction with the variety, quality and quantity of food provided at the service. One consumer who said the food was not great also said there were alternatives available. The Assessment Team noted the menu featured a different meal option for breakfast, lunch and dinner, and alternatives were also listed. Meals were observed to be an appropriate size and they matched the menu. Staff were seen to be closely monitoring a consumer who had a documented choking risk. The kitchen was clean and tidy, with health and safety guidelines and infection control measures displayed.

The service offered a wide range of equipment and lifestyle activity products which appeared to be safe, suitable, clean and well maintained. Mobility aids, such as walkers and wheelchairs, were clean and appeared to be functioning appropriately. Staff interviewed said they have access to the equipment they need, when they need it. Staff said they have enough equipment, and it is well maintained by maintenance.

The preventative maintenance schedule indicated regular servicing of equipment and the reactive maintenance logs showed ad hoc maintenance issues were rectified by maintenance staff in a timely manner.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers considered they belong in the service and felt safe and comfortable. Consumers’ rooms were personalised with furniture, photographs, personal items, and artwork. The various communal indoor and outdoor areas for consumers and visitors to sit, creates a homelike environment. There were Sri Lankan and Serbian decorations made by consumers to celebrate cultural events.

The service environment appeared welcoming and easy to navigate with a spacious main entrance, a fish tank and signage to direct consumers and visitors. The service’s corridors supported ease of movement with handrails and no clutter. The service has a living room, indoor and outdoor eating areas, garden and courtyard spaces for consumers to enjoy. Consumers were observed participating in lifestyle activities in some areas and socialising in other areas of the service. Consumers were observed moving freely about the service and accessing outdoor areas and gardens with seating and shaded areas.

The service environment including; flooring, walls, ceilings and outdoor areas was clean, safe and well-maintained. Cleaning staff were working according to a cleaning schedule with high touch surfaces cleaned daily. There were security cameras throughout the service and fire safety equipment and evacuation diagrams were displayed.

Consumers said that equipment, furniture and fittings in the service were clean, safe, well maintained and suitable for their needs and preferences. They said if they reported any issues regarding cleaning or maintenance to staff, they were followed up promptly.

Furniture, fittings and equipment was observed to be clean and well maintained. The call bell system was operating effectively. Staff described how shared equipment is cleaned and properly disinfected after each use, and promptly stored in a locked room to ensure the safety of consumers.

Management and maintenance staff monitor the service environment through maintenance forms, feedback, equipment audits and daily visual inspection. The service has both preventative and reactive maintenance programs which are effective in maintaining furniture and equipment in good order. There are processes in place to set aside unsafe items and for escalating urgent maintenance requests.

## 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-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Non-compliance is in relation to Requirement (3)(d). Reasons for the finding are detailed in the relevant Requirement below.

Consumers and representatives felt encouraged and supported to provide feedback and make complaints using either the service’s feedback forms or directly to management and staff. Consumers/representatives said they were aware of advocacy services and other external complaint mechanisms but were comfortable to talk directly to staff and management about any concerns.

The organisation provides consumers with information on how to make complaints, including the welcome handbook and the residential agreement, both of which are given to consumers/representatives on entry to the service. Management described how they encourage feedback through annual consumer surveys, verbal communication, emails, and feedback forms. Feedback forms were observed to be available throughout the service. Staff were aware of translation and advocacy organisations and described how they can communicate with consumers who speak languages other than English.

The service demonstrated that appropriate action is taken in response to complaints, and an open disclosure process is used when things go wrong. Consumers/representatives confirmed when they had expressed concerns they were addressed, and an apology and explanation given. Staff could describe the service's procedure for open disclosure which includes an investigation of the incident with the complainant and an apology.

While the organisation has a register of complaints and feedback, the service was unable to demonstrate that they recorded verbal complaints and that this information is used to improve the quality of care and services.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

The Assessment Team found the service did not demonstrate feedback and complaints are captured, reviewed and used to improve the quality of care and services. While the organisation had a register of feedback and complaints, the service was unable to demonstrate how this information informs the continuous improvement actions. Evidence relevant to the finding included:

* All the entries in the complaints register were from formal feedback forms. Complaints in the form of verbal communication, emails, surveys, and meetings were not documented on the service’s complaints register.
* These unrecorded complaints were therefore not included in the service’s continuous improvement plan, analysis of complaints trends or key performance measures.
* The service considered they did not receive many complaints and could not demonstrate how they were addressing consumers'/representatives' concerns within the organisation.
* Consumers and representatives were not always sure how management intended to address feedback they gave.
* Staff said that food and laundry were areas of complaint but did not provide information on how the service planned to address these issues. There was no record of these complaints in the complaints register.
* While the service described the policy and procedure for managing feedback and complaints, they were not able to demonstrate the actions taken in response to complaints or provide examples of how they use the information to make improvements at the service.
* The service acknowledged the issues raised by the Assessment Team and agreed that concerns raised verbally by consumers and representatives had not always been documented on the service’s feedback and complaints log.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and provided a copy of their updated plan for continuous improvement which sets out the actions the service is taking to rectify the deficits. These corrective actions include:

* Capturing all forms of feedback and complaints received on the service’s feedback register.
* Ensuring all feedback and complaints are analysed by category to identify trends and functional areas requiring improvement.
* Ensuring all feedback and complaints are acknowledged immediately and appropriate actions are undertaken in a timely manner, in line with the open disclosure procedure.
* Registering any opportunities for improvement arising from feedback or complaints on the continuous improvement plan, following consultation.

I acknowledge the service has a complaints and continuous improvement system supported by the broader organisation’s governance systems and has now taken steps to rectify the deficits identified by the Assessment Team. However, I have considered the Assessment Team’s report and the response provided by the Approved Provider and I find that, at the time of the audit, the service did not show it had reliably documented all consumer, representative and staff feedback to ensure the service identified and acted on areas for improvement.

Based on the evidence summarised above I find the service Non-compliant with this Requirement.

# 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

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

Most sampled consumers considered they got quality care and services when they needed them from people who are knowledgeable, capable and caring.

Consumers said they feel there are enough staff to provide the care they need and staff attend quickly when they use their call bell. Consumers and representatives felt staff were kind, caring and respectful and they were competent and sufficiently skilled to meet their care needs. Consumers could not identify any areas where staff required more training.

The service demonstrated the workforce is planned and sufficient to deliver safe and quality care and services for consumers. Management advised the call bell target is 5 minutes and long call bell times are followed up with staff. Staff said they have enough time to complete their tasks and if there is an unplanned absence they work together and may extend their shifts to complete their duties.

The service demonstrated their workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity. The Assessment Team observed staff laughing with consumers during activities and saw they were kind, caring and respectful towards consumers.

Management explained how they ensure to have the qualifications and knowledge to effectively perform their roles. Qualifications are required for specific roles with a Certificate III in Aged Care being the minimum requirement for care staff. The service has a list of standard competencies in skills such as manual handling and medications which are task based and tailored to each employee type.

The head office monitors staff competencies and uses a spreadsheet to manage and evaluate the completion of requirements such as police checks, registration renewals and other requirements. The log of Australian Health Practitioner Regulation Agency (AHPRA) registrations showed the registrations for all nursing staff was current.

The organisation demonstrated it has adequate processes to recruit and train staff and to monitor and review their performance. The process for recruiting and onboarding staff included comprehensive mandatory and voluntary training sessions. All new staff complete at least 2 buddy shifts that include competency checks and an orientation checklist.

The organisation follows a policy and procedure for assessing, monitoring and reviewing staff performance. All staff have an appraisal with their direct line manager every 12 months. This appraisal includes a conversation about the staff member's goals, training needs, and interest in upskilling. Line managers address minor performance issues but where staff performance may have a significant impact on consumers, it is escalated to the service manager for a formal disciplinary process.

## 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-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Non-compliance is in relation to Requirements (3)(a) and (3)(c). Reasons for the findings are detailed in the relevant Requirements below.

Most consumers and representatives considered that the organisation is well run, and they can partner in improving the delivery of care and services. One consumer representative felt there was a disconnect between the feedback they provide to management and the staff providing care to consumers. The Assessment Team found the service could not demonstrate how consumers are supported in being engaged in the development, delivery and evaluation of their care and services.

The organisation's Board promotes a culture of safe, inclusive and quality care and services and accountable for their delivery. There is a governance structure supporting the Board and service management. Several committees provide linkages between the service management and the Board including a governance committee, medication advisory committee and a clinical governance committee.

While the organisation has policies and governance systems in place the Assessment Team was not satisfied there were effective organisation wide governance systems in the areas of; information management, continuous improvement, regulatory compliance and feedback and complaints. See Requirement 8(3)(c).

The organisation has a clinical governance framework which includes policies governing antimicrobial stewardship, open disclosure, and the use of restrictive practices, and was able to demonstrate these policies are actioned accordingly at the service. The organisation provided copies of:

* + - * a documented clinical governance framework
			* a policy relating to antimicrobial stewardship
			* a policy relating to minimising the use of restraint
			* an open disclosure policy.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

## 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 the service was not able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services, or are supported in that engagement. The service was unable to provide documentation to the Assessment Team demonstrating how consumers are involved in the overall development, delivery, and evaluation of care and services. Evidence relevant to the finding included:

* Management advised they hold consumer/representative meetings however, there was only one consumer meeting conducted in 2021 due to COVID-19.
* Consumers/representatives thought the consumer/representative meeting was useful but they said this was the only such meeting they had been aware of.
* One consumer representative said management seemed to listen to consumers at the meeting, but they did not know about any further action taken following the feedback.
* The service could not provide documentation recording the consumers/representatives input from the 6-monthly lifestyle evaluations or regular lifestyle meetings.
* Staff and management stated they regularly seek verbal feedback from consumers and representatives about their overall satisfaction with their care and services, but could not provide documentation around this engagement.
* Management said a consumer lifestyle survey is held every 6 months, and the recent results from the survey held on 18 September 2021 indicated consumers were happy with how the service is run.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and provided a copy of their updated plan for continuous improvement which sets out the actions the service is taking to rectify the deficits. These corrective actions include:

* Engage with consumers/representatives more broadly in relation to the delivery of their care and services.
* All surveys conducted will be discussed in consumer and representative meetings to better engage with them in relation to the provision of their care and services.

I have considered the Assessment Team’s report and the response provided by the Approved Provider and I find that, at the time of the audit, the service was not able to demonstrate that consumers are adequately engaged in the development, delivery and evaluation of care and services, or are supported in that engagement.

Based on the evidence summarised above I find the service Non-compliant with this Requirement.

### 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 found that while the organisation has systems and policies related to these areas of organisational governance, they are not currently implemented and monitored in a way that support the well-being and choice of consumers. Evidence relevant to the finding included:

* The Assessment Team found the organisation generally had difficulty providing requested information in a timely manner.
* The service could not provide evidence of consistently documented meeting minutes, complaints, or training records.
* The service’s continuous improvement plan did not reflect all the areas for improvement identified by management, staff or consumers. For example, call bell response reporting and complaints documentation.
* The service had not identified the clinical framework was not aligned with recent changes to restraint legislation.
* Some consumers engaging in activities involving risks did not have a documented risk assessment. (See Requirement 1(3)(d))
* Complaints were not consistently documented in the service's complaints register in alignment with the organisation's policy. (See Requirement 6(3)(d))
* The training records did not appear to be up to date with all training completed by staff.
* The electronic care system was not up to date in some instances for example, the medical officer’s signing off on prescribed medications. (See assessment of Standard 3)
* The Assessment Team was not satisfied the organisation complied with the changes to legislative requirements regarding the use of restrictive practice. The organisation was not able to demonstrate how the use of environmental restraint is assessed, monitored or minimised. (See assessment of Standard 3)

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and provided a copy of their updated plan for continuous improvement which sets out the actions the service is taking to rectify the deficits. These corrective actions include:

* Updating the restrictive practice authorisation forms and process in accordance with the requirements for the use of restrictive practices.
* All medications charts reviewed and signed off by Medical Officers.
* Improving engagement with consumers and their representatives in relation to the care and services at the service.
* Improving documentation and the ability to produce records in a timely manner upon request.
* Ensuring all information in the education folder including; the training matrix, training records, meeting minutes, risk assessment and complaint register are up to date and consistent.
* Capturing and recording all feedback in the feedback register and linking the feedback and complaints process with the plan for continuous improvement.
* Improve communication processes between all staff and management to ensure proposed responses to complaints are communicated back to the complainant in a timely manner.

I have considered the Assessment Team’s report and the response provided by the Approved Provider. While the service has now taken steps to rectify the deficits identified by the Assessment Team, I find that, at the time of the audit, the service was not able to demonstrate effective organisation wide governance systems relating to; information management, continuous improvement, regulatory compliance and feedback and complaints.

Based on the evidence summarised above I find the service Non-compliant with this Requirement.

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

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

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

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

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

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

# Areas for improvement

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

* 1(3)(d) - Ensure the service has processes in place to identify consumers wishing to take risks and complete risk assessments so that risks are understood, accepted and mitigated appropriately.
* 6(3)(d) – Ensure the service reliably documents all consumer, representative and staff feedback and complaints so that areas for improvement are identified and acted upon.
* 8(3)(a) - Ensure that consumers are adequately supported in being engaged in the development, delivery and evaluation of the care and services provided at the service.
* 8(3)(c) - Ensure the organisation has effective governance systems relating to; information management, continuous improvement, regulatory compliance and feedback and complaints.