Olive Grove Aged Care

Performance Report

67 Porter Street
SALISBURY SA 5108
Phone number: 08 8258 2008

**Commission ID:** 6857

**Provider name:** Willshire Pty Ltd

**Site Audit date:** 2 November 2020 to 4 November 2020

**Date of Performance Report:** 9 March 2021

# 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 11 December 2020.

# STANDARD 1 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 Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall consumers interviewed 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. Specific examples provided by consumers include:

* Consumers confirmed staff listen to them with some consumers stating the care is excellent and indicating staff are very supportive.
* Consumers indicated staff value their culture, values and identity.
* Consumers provided specific examples of how staff support them to exercise choice and independence in relation to care delivery and participating/choosing their daily activities. They also provided examples in relation to how staff support them take risks to live the best life they can.
* Consumers indicated they receive relevant information to assist them to make decisions.
* Consumers indicated staff respect their privacy while delivering personal care, including that staff knock on their bedrooms doors prior to entering.

Staff interviewed described their interactions with consumers which demonstrated familiarity of consumers’ backgrounds, cultures, preferences and needs. Staff provided examples of how they support consumers to maintain relationships and engage in activities of their choosing while minimising risks associated with these activities. Staff indicated consumers are provided with information through various mechanisms and provided examples of how they support consumers’ privacy.

Care planning documentation includes consumers’ backgrounds, hobbies and life experiences, including what is important to them. It also included consumers’ specific cultural needs, including spiritual and emotional needs with significant others and nominated representatives identified. Documentation demonstrates consumers are informed of risks associated with activities of their choosing, including potential negative outcomes. The organisation has a policy to protect consumers’ personal information, outlining a commitment to ensuring consumers’ right to privacy, dignity and confidentiality underpin the delivery of all care and services.

The Assessment Team observed information about various care and services displayed in common areas of the service and located in consumers’ rooms. Staff were observed knocking on consumers’ doors prior to entering and providing kind and caring reassurance for a consumer who appeared distressed.

Based on the information in the Assessment Team’s report and the Approved Provider’s response I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing 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 Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(e) in this Standard as not met. The Assessment Team found the service was unable demonstrate two consumers’ pain management had been effectively reviewed when the consumers were demonstrating potential signs of pain. Based on the Assessment Team’s report and the Approved Provider’s response, I find this Requirement Non-compliant. I have provided reasons for my finding in the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall consumers consider they feel like partners in the ongoing assessment and planning of their care and services. Specific examples provided by consumers include:

* Consumers and representatives indicated they have been involved in assessment and planning, including discussing consumers’ needs, goals and preferences.
* Consumers and representatives confirmed they have staff explain relevant information in relation to consumers’ care plans and can ask for a copy of the care and services plan as they wish.

Staff interviewed described assessment processes used to consider risks to consumers’ health and well-being. Care staff were able to describe consumers’ needs, goals and preferences and they indicated they were able to refer to care plans for specific information about consumers’ personal care and clinical care. Clinical staff indicated the outcomes of assessment and planning are communicated with consumers and/or representatives monthly.

Care planning documents demonstrated comprehensive assessment and planning, with individual needs and preferences identified, with most consumers having specific goals included in their care plan. These processes also include identifying and planning of advance care and end of life planning if the consumer wishes. Care planning documents indicated consumers and representatives are involved in care planning.

The Assessment Team observed staff to be referring to consumers’ care planning documentation at the point of and following care delivery.

Based on the information in the Assessment Team’s report and the Approved Provider’s response I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

## 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate two consumers’ pain management had been effectively reviewed when the consumers were demonstrating potential signs of pain. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer’s (Consumer A) emotional chart indicated 22 episodes of restlessness, difficulty breathing and vocalisation of pain, however, during the same period of these episodes, pain was not identified on pain charts.
* A consumer’s (Consumer B) progress notes indicated staff do not always review the effectiveness of ‘as required’ pain medication, with 18 of 19 progress note entries in a one month period not demonstrating review of effectiveness of as required medication.
	+ One staff member indicated Consumer B experiences pain during activities of daily living.
	+ A consumer reported Consumer B disturbs their sleep by screaming at night.
	+ Pain charts do not always include entries where as required pain medication has been administered.
	+ No further pain or behavioural assessments were conducted when progress notes indicated as required medication was administered on five occasions in an approximate two-month period.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings. The Approved Provider submitted the following information and evidence relevant to my finding:

* In relation to Consumer A, the registered nurse who is present for any pain charting is the person who is accountable and responsible to record what they have observed or what the consumer has told them.
* In relation to Consumer B, the consumer has been reviewed by Dementia Support Australia, who were unable to clearly identify pain as sole trigger for behavioural responses.
	+ Progress notes show the consumer had only 18 episodes of as required medication, not 19 as identified by the Assessment Team, and 17 of 18 doses of as required pain medication has been evaluated in progress notes.
	+ There are entries on pain charts relating to as required pain medication, however, pain is scored as zero due to the effect of the medication being successful at the time of that pain chart entry.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

In coming to my finding I have considered both Consumer A and B have had indications of non-verbal signs of pain, however, this has not always been captured on pain assessments to assist in effective review of the efficacy of current pain management interventions or assist in identifying activities which induce or exacerbate pain.

Specifically, in relation to Consumer A, while I acknowledge the registered nurse is required to assess the consumer at the point of their actual assessment, I find that several entries on the emotional chart indicating potential signs of pain should have triggered the registered nurse to assess the consumer at that point in time.

Specifically, in relation to Consumer B, while I acknowledge progress notes submitted by the Approved Provider indicates evaluation of the efficacy of as required pain medication, I find that on seven occasions, the evaluation found the medication was completely ineffective or partially ineffective. However, there were no further entries in relation to pain monitoring and assessment, even though the initial evaluations found no or minimal effect with the consumer identified as agitated, kicking and screaming during the provision of activities of daily. I also have considered Consumer B’s pain care plan which does not indicate the consumer has pain associated with activities of daily living, however, progress notes indicate these activities as a potential trigger for pain with as required pain relieving medication effective in some instances. Again, I acknowledge the registered nurse is required to assess the consumer at the point of their actual assessment, however, the pain associated with the use of the as required pain medication should have been captured on the pain chart to assist in the effective review of pain triggers and evaluation of strategies.

For the reasons detailed above I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Non-compliant with Standard 2 Requirement (3)(e).

# STANDARD 3 COMPLIANTPersonal 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.

The Assessment Team recommended Requirement (3)(g) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective infection control systems to prevent and control infection or practices to promote appropriate antibiotic use. Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view from the Assessment Team and find this Requirement Compliant. I have provided reasons for my finding in the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall sampled consumers consider they receive personal care and clinical care that is safe and right for them. Specific examples provided by consumers include:

* Consumers and representatives interviewed indicated consumers receive the care they need, and their needs and preferences are effectively communicated to staff and those who share responsibility of their care.
* Consumers indicated they have access to doctors and other relevant health professionals when they require it.

Staff interviewed indicated any issues or concerns with consumers’ care is escalated to clinical staff. They were able to describe strategies used to minimise risks associated with consumers’ care, such as the use of specialised equipment to minimise pressure injuries, and cleaning and maintaining medical equipment. Staff could also describe changes to care delivery for consumers nearing the end of their lives, and practical ways in which consumers’ comfort is maximised. Staff indicated they are informed of changes to consumers’ care and provided examples of when they have referred consumers to health professionals.

The organisation has materials to support best practice delivery which are regularly updated, and staff provided examples in relation to how they are monitoring care delivery. Documentation demonstrated clinical staff can identify and manage risks associated with consumers’ care, including specific care strategies used to minimise risk and monitoring processes to effectively identify increased risks. Progress notes indicated a variety of allied health professionals are involved in consumers’ care.

Based on the information in the Assessment Team’s report and the Approved Provider’s response I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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.*

The Assessment Team found the service was unable to demonstrate effective infection control systems to prevent and control infection or practices to promote appropriate antibiotic use. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* The Assessment Team observed one staff to regularly touch the front of their face mask while being interviewed, a staff member removed their mask and placed it on a trolley, a staff member consistently wore their mask below their nose, and two staff observed touching their makes in the proximity of consumers.
* Staff interviewed said they do not always replace their mask after removing it on break.
* The service was unable to provide evidence of an organisational antimicrobial policy with clearly documented procedures, processes and steps to take when using antimicrobials and its impact, should it not be used correctly.
* In relation to the service’s COVID-19 outbreak management plan (the plan), the Assessment Team found the following:
	+ Staff contact details, consumer information, personal protective equipment (PPE) stockists, surge workforce and clinical waste contact details are not available in the plan or COVID-19 folder. The plan also did not include staff assigned to teams to support cohorting, clinical handover or access to electronic records.
	+ There is no floor plan identifying rooms/zones, PPE stations, consumer rooms, bathrooms and food preparation areas.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings. The Approved Provider submitted the following information and evidence relevant to my finding:

* All staff have received training and education in relation to how to wear face masks correctly and any deviation from correct practice results in counselling or disciplinary action for the relevant staff member.
	+ While the Approved Provider does not fully agree with the Assessment Team’s finding and the legislative requirement for staff to wear a face mask was changed on the last day of the Site Audit, they have provided staff with further information and education about their responsibilities in relation to wearing face masks.
* The information that was not available in the COVID-19 folder or included in the plan, was printed by management during the Site Audit and the information can also be accessed remotely via the service’s electronic systems.
* The organisation has a comprehensive infection control policy which includes references to antimicrobial stewardship. Infection control logs and reports identify the type of infection, pathology records and if any antibiotics were used to treat the infection.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding I have considered information in the Assessment Team’s report which indicates staff consult with medical officers about individual consumers’ infections, including discussion about the requirement for antibiotics. Therefore, I consider practices and prescribing of antibiotics for individual consumers are supporting optimal care for consumers and reduction of risk of resistance to antibiotics at an individual level. However, I have considered the Assessment Team’s finding that the service does not have an antimicrobial policy with clearly documented procedures and processes to monitor and direct practices and processes more broadly across the service and organisation. I have considered this information and the Approved Provider’s response in Standard 8 Requirement (3)(e).

I have also considered that while there were some poor staff practices in relation to the wearing of PPE, specifically face masks, these practices in the context of observations undertaken during the Site Audit did not indicate a broad or systemic issue in relation to infection control practices. In relation to the COVID-19 plan or folder, I find that information not being adequate, consolidated or included in the folder is a consideration in Standard 8 Requirement (3)(e) which requires the organisation to have a clinical governance framework which includes identification of responsibilities and relationships at all levels of the organisation to achieve positive clinical results, in this instance positive results in the event of COVID-19 infectious outbreak.

For the reasons detailed above I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Compliant with Standard 3 Requirement (3)(g).

# STANDARD 4 COMPLIANTServices 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

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

The Assessment Team found overall consumers interviewed considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. Specific examples provided by consumers include:

* Consumers indicated they are supported and can choose to engage in things they like to do.
* Two consumers provided specific examples about how staff had supported them through emotionally challenging times.
* Two consumers indicated they are supported to maintain relationships outside of the service, including visiting friends and going to the local pub.
* Consumers indicated they have a range of activities on offer that they enjoy participating in.
* Most consumers indicated they are satisfied with the quality and quantity of the meals provided.

The Assessment Team observed positive interactions between consumers and lifestyle staff who were engaging in an activity. They observed the kitchen to be clean and tidy with staff adhering to food safety practices consistent with the service’s food safety plan. The Assessment Team also observed equipment which supports consumers to be suitable, clean and well maintained.

Staff interviewed provided examples of strategies used to develop the lifestyle program to meet consumers’ needs. This program includes cultural celebrations from consumers’ cultural backgrounds and is based on consumers’ preferences, with external organisations contributing to the program. Staff indicated consumers are provided with emotional support through one-to-one visits. Staff were aware of consumers’ dietary needs and preferences

Care planning documentation included information about what is important to consumers, including lifestyle preferences, religious practices, and interests. This documentation also included emotional, spiritual and psychological needs of consumers. A documented lifestyle program includes a range of activities for consumers. Progress notes demonstrated staff identify changes to consumers’ condition, needs or preferences which supports effective information sharing where care is shared. Care plans include information about consumers’ dietary requirements, including their preferences.

Based on the information in the Assessment Team’s report and the Approved Provider’s response I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 NON-COMPLIANTOrganisation’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 Non-compliant as one of the three specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(b) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the service environment enables all consumers to move freely both indoors and outdoors. Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(b) Non-compliant. I have provided reasons for my finding in the respective Requirement below.

The Assessment Team found that overall consumers consider they feel safe and comfortable and find the environment welcoming and easy to navigate. Specific feedback included:

* All consumers indicated they felt safe and found the environment welcoming with options to decorate and personalise their rooms. They also confirmed the environment is clean and well maintained and have access to furniture, fittings and equipment to meet their needs.

Staff interviewed confirmed processes used to make consumers feel welcomed within the service and processes to ensure the environment is clean, safe and well maintained. Relevant staff described the service’s cleaning and maintenance programs.

Documentation demonstrated corrective and routine maintenance is conducted in accordance with schedules to ensure equipment and the environment is kept safe.

The Assessment Team observed consumers’ rooms to be decorated and furnished to reflect individual consumers’ identities. They also observed furniture, fittings and equipment were clean, well maintained and appeared safe and suitable for consumers.

Based on the information in the Assessment Team’s report and the Approved Provider’s response I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Compliant with Requirements (3)(a) and (3)(c) in Standard 5 Organisation’s service environment.

## 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) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found the service demonstrated the service environment is safe, clean and well maintained but was unable to demonstrate the service environment enables all consumers to move freely both indoors and outdoors. The Assessment Team provided the following information and evidence relevant to my finding:

* Three consumers interviewed were not satisfied they can access outdoor courtyard and garden areas freely and without staff assistance.
* Four staff interviewed confirmed consumers are unable to access the garden unless they can key-in the code and staff are required to unlock the doors to access the garden and courtyards.
* The Assessment Team observed on the first day of the Site Audit the doors leading to the courtyard and garden were locked or obstructed. On subsequent days, doors leading to internal and external courtyards were unlocked, however, the door leading to the garden was locked with a keypad and required a code.
* Management indicated there is no formal procedure for unlocking the doors to the courtyard in the morning and locking them at night, but a verbal process is used.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings. The Approved Provider submitted the following information and evidence relevant to my finding:

* Three consumers represent less than five percent of the consumer cohort and the statements do not reflect why the consumers could not access the outdoor courtyard areas freely without staff assistance.
* The doors being locked on the first of the Site Audit was human error and the doors were unlocked at all other times. A reminder has been sent to staff.
* Consumers have a code to access the outside courtyard area and can choose to access this area during the day and evening.
	+ Since the Site Audit the service had modified the keypads to the courtyard areas which allows consumers to exit these doors without using the code during designated times.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

In coming to my finding, I have considered the feedback from consumers and staff which indicates at the time of the Site Audit, consumers were unable to freely access outside areas. While the Approved Provider asserts that the consumers interviewed represent a small sample of the consumer cohort, I have considered consumers’ comments in the context of staff comments which indicate consumers do not always have free access to outside living areas because they either need to independently put in a code to access some outdoor areas and some doors are kept locked but can be opened by staff on request. The service is expected to promote the free movement of consumers, including access to outdoor areas, and I find that while the service has taken action to ensure consumers’ easy access to outdoor areas since the Site Audit, prior to this action, consumers were unable to always access the outdoor area with ease and independence.

For the reasons detailed above I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Non-compliant with Standard 5 Requirement (3)(b).

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 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 Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found overall consumers interviewed considered they are encouraged and supported to provide feedback and make complaints. Specific examples provided by consumers include:

* Most consumers and representatives interviewed indicated they are happy with care and services and have not needed to raise complaints. However, all would feel comfortable to raise any complaints or concerns if required.
* Representatives are supported to advocate on behalf of consumers.

The Assessment Team observed feedback forms, suggestions boxes, and complaints and advocacy information displayed and available in the service.

Staff interviewed described processes used to support consumers to raise concerns, complaints or feedback. They were able to describe actions taken as a result of complaints, including improvements implemented to improve care and services.

The service maintains a comments and complaints register which indicated consumers have provided feedback, compliments and complaints to the service. While the Assessment Team found complaints are followed-up with complainants, the service did not demonstrate application of open disclosure processes and provided evidence in Standard 8 Requirement (3)(c). Consumers are reminded about feedback and complaint processes at meetings. Complaints are analysed and trended each month with results reported at consumer, staff and management meetings.

Based on the information in the Assessment Team’s report and the Approved Provider’s response I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman 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.

The Assessment Team found overall consumers interviewed considered they receive quality care and services when they need them and from people who are knowledgeable, capable and caring. Specific examples provided by consumers include:

* Most consumers and representatives interviewed indicated there are adequate numbers of staff to meet consumers’ needs and to assist them promptly.
* Consumers were complimentary about staff and described specific examples to demonstrate how staff are caring and respectful.
* Most consumers and representatives interviewed are satisfied staff attend to consumers’ care and service needs and know what they are doing.

The Assessment Team observed staff providing care and attendance in a timely manner. Interactions between staff and consumers were kind, caring and respectful.

Staff interviewed indicated they mostly have enough time to attend to consumers’ care and answer call bells, with processes described in relation to how planned and unplanned leave is managed. Management described processes used to monitor staff competency, including understanding staff knowledge following training sessions. Staff indicated new employees are provided with training, induction and orientation, including working with experienced staff. Staff indicated they participate in regular training relevant to their roles.

The service’s staff roster demonstrated shifts are mostly filled by permanent or casual employees of the service. Training records indicate staff participate in a variety of training and education sessions. The service maintains a staff appraisal schedule which indicates all staff are up-to-date with their appraisals.

Based on the information in the Assessment Team’s report and the Approved Provider’s response I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Compliant with all Requirements in Standard 7 Human Resources.

## 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 Assessment Team recommended Requirements (3)(c) and (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective governance systems in relation regulatory compliance and feedback and complaints, nor an effective clinical governance framework, specifically in relation to antimicrobial stewardship and open disclosure. Based on the Assessment Team’s report and the Approved Provider’s response, I find these two Requirements Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirements (3)(a), (3)(b) and (3)(d) in this Standard, the Assessment Team found that overall consumers consider the organisation is well run and they can partner in improving the delivery of care and services.

Management were able to describe processes used to engage consumers in the development, delivery and evaluation of care and services, including using meetings, feedback, food focus groups, audits and services to facilitate this engagement. Management explained the governing body’s responsibilities and indicated they provide the CEO and Approved Provider with a monthly report in relation to quality and delivery of care and services.

The organisation has a documented risk management framework, including policies which describe how risk is minimised and managed. Staff interviewed were able to provide specific examples in relation policies associated with the risk management framework, including how they manage risks associated with supporting consumers living the best life they can.

Based on the information in the Assessment Team’s report and the Approved Provider’s response I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team found the service demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance and workforce governance. However, the Assessment Team found systems in relation regulatory compliance and feedback and complaints were not effective. The Assessment Team provided the following information and evidence relevant to my finding:

* The service did not report two allegations and/or suspicions of consumer assault to relevant authorities in accordance with relevant legislation.
	+ While management stated they were aware of their responsibilities relating to compulsory reporting obligations, they did not report these allegations and/or suspicions based on the outcome of their own investigation. Documentation indicates management incorrectly used their discretion not to report these incidents.
* The service does not have an open disclosure policy and procedure and was unable to demonstrate that open disclosure processes include an explanation of what happened, and the actions taken to ensure it does not happen again.

The Approved Provider submitted a response to the Assessment Team’s report and while partially accepting of the findings in relation to regulatory compliance, they do not agree with the findings in relation to feedback and complaints processes. The Approved Provider submitted the following information and evidence relevant to my finding:

* The organisation has reviewed and updated its mandatory reporting policy and documents.
	+ In relation to one allegation of consumer assault which was identified by management through ambulance transfer documentation following a consumer’s return to the service, the Approved Provider asserts there was no opportunity for staff to discuss the matter with the ambulance officers and the consumer was unable to recall the initial allegation and did not make any further allegations.
	+ In relation to another allegation of consumer assault identified through a feedback form, the Approved Provider acknowledges that on reflection this allegation should have been reported in accordance with relevant legislation.
* The examples of open disclosure included in the Assessment Team’s report is sufficient and consistent with the Aged Care Quality and Safety Commission’s education module in relation to open disclosure, which indicates that open disclosure processes are not a ‘one size fits all’.
* While the Approved Provider does not agree with the Assessment Team’s findings in relation to open disclosure, since the Site Audit the service has conducted mandatory training for staff in relation to open disclosure, required staff to complete an open disclosure education package, and implemented an open disclosure policy.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions taken since the Site Audit in response to the Assessment Team’s report. However, I find at the time of the Site Audit, the service did not have effective governance systems in relation to regulatory compliance and open disclosure.

In coming to my finding, I have considered management and/or staff did not demonstrate compliance with their compulsory reporting responsibilities associated with allegations and/or suspicions of consumer assault for two separate allegations, in accordance with the *Aged Care Act 1997*. Additionally, evidence in the Assessment Team’s report indicates management and/or staff do not understand application of their discretion not to report allegations and/or suspicions of incidents in accordance with *the Accountability Principles 2014*. I find that while management were aware of two allegations of consumer assault, they proceeded to conduct their own investigation without reporting the incident to the Police and the Aged Care Quality and Safety Commission in accordance with relevant legislation. Once management’s investigation concluded with the two allegations being found to be unsubstantiated, documentation indicates the service used their discretion not to report the incidents. I acknowledge that on reflection the service has indicated for one allegation that this incident should have been reported. However, at the time of the Site Audit the service did not meet their responsibilities in relation to compulsory reporting of allegations or suspicions of consumer assault, nor demonstrate an understanding of their discretion to choose not to report incidents of this nature.

In relation to open disclosure, I find the examples provided in relation to open disclosure in the Assessment Team’s report do indicate effective open disclosure processes have occurred. While explicit information about explaining what has occurred and the steps taken to prevent the incident from occurring again have not been documented, the evidence in the Assessment Team’s report indicates ongoing communication with the relevant person, including discussion of the actual issue and actions taken to the address the issues. However, I find at the time of the Site Audit, the service did not have a specific open disclosure policy to ensure consistency of staff practices.

For the reasons detailed above I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Non-compliant with Standard 8 Requirement (3)(c).

### 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 the service was unable to demonstrate it has implemented an effective clinical governance framework, specifically in relation to antimicrobial stewardship and open disclosure. The Assessment Team provided the following information and evidence relevant to my finding:

* The organisation does not have a specific antimicrobial stewardship policy and procedure, including clearly documented procedures, processes and steps for staff to take when using antimicrobials.
* While consumer infection rates are monitored monthly, the three-monthly Medication Advisory Committee meetings do not demonstrate antibiotic usage is discussed.
* The organisation does not have a specific open disclosure policy and procedure. Management were unable to provide specific examples of when the service followed open disclosure in relation to clinical governance.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings. The Approved Provider submitted the following information and evidence relevant to my finding:

* The organisation has a comprehensive infection control policy which includes references to antimicrobial stewardship. Infection control logs and reports identify the type of infection, pathology records and if any antibiotics were used to treat the infection.
	+ Clinical staff interviewed described how they consult with medical officers and monitor consumer infections, including when antibiotics are used.
	+ Infection control monitoring includes trending and analysis to understand what actions can be taken to further prevent and control infection as part of an effective response to antimicrobial resistance.
* There is no specific policy in relation to open disclosure and many of the service’s policies capture an open disclosure approach.
* The service did provide examples of open disclosure during the Site Audit, but these were deemed not suitable by the Assessment Team.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

In coming to my finding I have considered that while the Approved Provider has stated that infection control policies include references to antimicrobial stewardship, the service has not demonstrated the clinical governance framework supports active monitoring, review and implementation of initiatives to reduce inappropriate antibiotic usage and resistance. The service asserts trending and analysis of infections is undertaken, however, the Assessment Team found that antibiotic usage has not been monitored or reviewed at the designated governance level. Additionally, while the Approved Provider’s response indicates their guidance information includes some strategies to support antimicrobial stewardship, the service did not demonstrate that these strategies have been implemented. I consider individual consumers’ infections, symptoms, health, pathology and relevant factors are considered at an individual level. However, the clinical governance framework has not been effective in relation to reviewing and monitoring infections and antibiotic usage at a broader level and providing clear guidelines to support consistent practice.

I have also considered information in the Assessment Team’s report in relation to Standard 3 Requirement (3)(g) where the Assessment Team found the service was unable to demonstrate the COVID-19 outbreak management plan had consolidated information. In coming to my finding I have considered that the service’s outbreak management plan does not include how the service would manage an outbreak of COVID-19 and guide staff practices at the service in relation to cohorting of consumers or dividing the service into zones to minimise spread of infection. While the Approved Provider asserts that consumers diagnosed with COVID-19 would be transferred to hospital, I find that the service’s clinical governance framework should consider roles and responsibilities, including how consumers and staff would be located/zoned in the service in the event of a COVID-19 outbreak where transfer to hospital is not possible to minimise the spread of infection.

In relation to open disclosure, I find the examples provided in relation to open disclosure in the Assessment Team’s report do indicate effective open disclosure processes have occurred. While these examples do not specifically relate to clinical incidents which have caused harm, based on the service’s actions in the two examples considered in Requirement (3)(c) in this Standard, indicate effective communication, recognition and apology and actions going forward. However, I find at the time of the Site Audit, the service did not have a specific open disclosure policy to ensure consistency of staff practices, including practices specifically relating to clinical incidents.

For the reasons detailed above I find Willshire Pty Ltd, in relation to Olive Grove Aged Care, to be Non-compliant with Standard 8 Requirement (3)(e).

# 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.

**In relation to Standard 2 Requirement (3)(e):**

* Ensure pain evaluation of specific pain strategies is documented, especially in relation to the use of ‘as required’ pain medication to ensure effective pain review and assessment.
* Ensure consumers’ pain is monitored and reassessed when as required medication has been assessed as being ineffective or only partially effective.
* Ensure nursing staff are assessing consumers’ pain at the time care staff are identifying potential signs of pain.

**In relation to Standard 5 Requirement (3)(b):**

* Ensure consumers are able to freely access both indoor and outdoor areas of the service environment.

**In relation to Standard 8 Requirements (3)(c) and (3)(e):**

* Ensure staff and management are aware of their responsibilities in relation to compulsory reporting of allegations or suspicions of consumer assault in accordance with the *Aged Care Act 1997*. Also ensure staff and management understand the requirements to invoke the discretion not to report allegations or suspicions of consumer assault in accordance with the *Accountability Principles 2014*.
* Ensure the service has a specific open disclosure policy to ensure consistency of staff practices.
* Ensure the service has an effective clinical governance framework which encompasses policies and procedures to actively reduce antimicrobial resistance and ensure open disclosure processes are consistently used and applied in relation to clinical incidents.
* Ensure the service’s COVID-19 outbreak management plan includes information relating to the management of an onsite outbreak. Ensure staff practices are consistent with the State Government’s Emergency Management directives, that being the correct wearing of face masks.