Ozcare Palm Lodge

Performance Report

424 Bowen Terrace
NEW FARM QLD 4005
Phone number: 07 3648 3244

**Commission ID:** 5918

**Provider name:** Ozcare

**Site Audit date:** 11 February 2020 to 13 February 2020

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the 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 19 March and 20 March 2020.
* Information received by the Commission including referrals and national call line.

# 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 Assessment Team overall found that consumers said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers interviewed said staff make them feel respected and value their individual identities.
* They provided examples of how care and services are provided in a way that is culturally safe for them, such as recognition of their preferences and choices. Consumers confirmed through examples that staff know what is important to them and support them to maintain links with their family and friendships of significance.
* Consumers provided positive feedback about information and support provided to be independent, to exercise choice and make decisions. Where a consumer’s choice involves risk, such as outings and mobilising, consumers said staff respected their wishes in a way that also considered the risk.
* Consumers generally said their personal privacy is respected, including through knocking on doors prior to entry, closing their door when requested and ensuring appropriate privacy during care provision.

The Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Staff interviews, and review of care documentation demonstrated, the service know the consumers well and support consumers to receive individual care, maintain relationships important to them and make choices and decisions. Staff described how they facilitate engagement for consumers with the community and support family members to participate in the life of the service. Staff described how they undertake consultation regarding aspects of care and services of importance to consumers. Care documents and meeting minutes identified the service understands and supports consumer choice.

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

## Assessment of Standard 1 Requirements

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

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

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

Care and services are culturally safe.

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

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

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and

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 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 Assessment Team found that for most consumers sampled, they said they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives sampled generally expressed their satisfaction with how the consumer and the people important to them are involved in assessment and planning on an ongoing basis.
* Consumers and representatives sampled generally expressed their satisfaction with the information that is provided to them about the consumers’ care, and their involvement in care planning processes.
* Although some consumer representatives did not consistently have an understanding of what a consumer care plan was, no consumers or representatives reported they had requested to see their care plan. Registered staff advised in various ways how the outcomes of care planning is communicated, and the service demonstrated it had advised consumers and representatives of care plan accessibility via meetings. The service is also currently looking at further improvements to its process for supporting consumer and representative awareness of care plan accessibility.

The Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

* For the consumers sampled, their care planning documents generally reflected individual consumer’s current needs, goals and preferences; required assistance and interventions including the management of personal/clinical risks; preferred person to be involved in care planning/evaluation process and advanced care planning information as appropriate.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

The organisation demonstrates that assessment and planning:

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

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

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

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

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

# STANDARD 3 NON-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 Assessment Team found that overall consumers sampled, consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Overall consumers and representatives sampled thought consumers get the care they need.
* Consumers and representatives sampled thought consumers have access to doctors and other relevant health professionals when they need it.

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

* Organisational Business Rules, which are accessible via the service’s intranet, are available to guide staff practice and include guidelines and flow charts in relation to the delivery of clinical and personal care for consumers.
* Review of 17 consumer files identified some inconsistencies in the provision of effective and safe care that was tailored to consumers’ needs. For example, the service was not able to adequately demonstrate each consumer gets safe and effective care; including in relation to the management and monitoring the use of restraint, wound care and timely provision of care.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-Compliant

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

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

I have decided this requirement does not comply as the service was not able to demonstrate consumers get safe and effective care that optimises their health and well-being especially in relation to the management of restraint, wound care and the timely provision of care.

Although the Assessment Team found consumers generally reported they are satisfied with the care and services they receive, review of consumer files identified some inconsistencies in the provision of effective and safe care.

For example, while the service had a restraint policy and demonstrated it has a spreadsheet of consumers who are prescribed psychotropic medications and receives monthly reports from the pharmacy, the Assessment Team found that management

* had not identified any consumers that were chemically restrained.
* was not able to demonstrate they are actively working to minimise the use of restraint.

The Assessment Team identified management receives these monthly reports however was still yet to undertake a review to support consumers being referred to their medical officer for further review. Furthermore, while the medical officer had prescribed psychotropic medication, the Assessment Team they identified two of 12 consumers where there was no documented evidence to substantiate the diagnosed mental disorder, physical illness or physical condition that the medication was treating, in accordance with requirements under the Quality of Care Amendment (Minimising the use of Restraints) Principles. This legislation took effect 1 July 2019.

While both consumers had a diagnosed mental disorder (dementia or Alzheimer’s disease), their prescribed antipsychotic or benzodiazepine medication, was being used to managed associated behaviour of their diagnosis. This is chemical restraint and requires assessment, documentation and consent according to the Principles.

Although, one of the consumer’s medications had been reduced during the audit, the approved provider’s response indicated that while it had not identified consumers who were chemically restrained, the representatives of these consumers were aware of the use of these medications and subsequently behavioural assessments and care plans have since been updated. Furthermore, in response to the Assessment Team’s findings, the approved provider’s outlined actions being undertaken which included

* a review of roles and responsibilities for clinical and registered staff
* a weekly reporting process to capture changes on a daily basis
* provision of education to staff
* ensuring relevant documentation is maintained for the use of chemical restraint.
* psychotropic medications are being reviewed, behaviour assessments updated and monitoring occurring via the service electronic systems.

The Assessment Team also identified that care had not been consistently followed up in a timely manner or strategies reviewed to ensure their effectiveness. For example:

* The service was not able to demonstrate that the strategies to manage the risks associated with a consumer’s wounds had been monitored for their effectiveness in order to manage or prevent a recurrence of fly larvae infestation. For example, the Assessment Team noted that although strategies had been reported to be implemented such as regular cleaning, covering of the wound and a fly trap these had not been consistently documented and monitored for their effectiveness. The consumer had experienced fly larvae in the wound on three occasions over a one month period.
* A consumer had experienced delay in the commencement of their prescribed eye medication by three days.
* Some consumers advised of delays experienced in the provision of care or assistance in relation to continence management. Refer to requirement 7 (3) (a).

The approved provider’s response disagreed with aspects of the Assessment Team’s findings. In relation to wound care, it advised of the challenges in managing the consumer’s wound and outlined strategies in place to reduce the risk of a fly infestation. However, no further evidence had been provided to support that the effectiveness of these strategies were being monitored. Instead, the approved provider further identified a range of improvement activities being undertaken which included education of staff, increased monitoring of wounds, the implementation of additional pest control measures and fly screening of specific areas within the service.

In relation to the delay in eye medication, the approved provider’s response did not adequately address this concern.

While improvements are being made in relation to the above areas, the service did not demonstrate understanding of chemical restraint and did not consistently apply appropriate management strategies for chemical restraint in accordance with requirements under relevant legislation. In addition, it did not demonstrate risk management strategies were being monitored and that care had been followed up in a timely manner. While I acknowledge the approved provider has identified actions to improve care, at the time of the site audit, these were not in place. I also have considered the approved provider needs time to embed these changes in practice.

Therefore, this requirement is non-compliant.

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

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

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

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

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

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

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

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

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 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 Assessment Team found that consumers said that they get the services and supports for daily living that are important for their health and well-being, that enables them to do the things they want to do.

For example:

* Consumers reported they are supported to attend their church denomination, participate in activities and continue their enjoyment of going out to the community to shop and have a cup of coffee.
* Consumers reported they are supported to keep in touch with the people who are important to them through receiving visitors at the service and attending social functions outside of the service such as family events and attending activities and facilities in the community.
* Consumers advised when they are feeling low, staff are kind and caring towards them and provide extra emotional support through one to one conversation and helping them to do the things that are important to them.
* Consumers reported that they like the food including the quality and quantity and can provide feedback about catering services.

The Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

* The service demonstrates that it supports the emotional, spiritual and psychological wellbeing of consumers. Timely and appropriate referrals to other individuals, services or organisations assist consumers to connect with other supports and people outside the service.
* Activity and lifestyle calendar’s, consumer meeting minutes and the service’s newsletter demonstrated consumer engagement with the lifestyle program. The Assessment Team also observed various activities in progress which were all well attended by consumers throughout the service.
* Care documentation included information about consumers’ dietary preferences and allergies.

The Assessment Team also observed equipment used to provide or support lifestyle services to be safe, suitable, clean and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s services 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 Assessment Team overall found, that for the sampled consumers, they indicated they feel they belong and feel safe and comfortable in the service environment.

For example:

* Consumers reported they feel safe living within the Service.
* Consumers interviewed confirmed that they feel at home living in the service. Comments included;
	+ “it feels like home”.
	+ they can decorate their rooms to their liking.
	+ they can enjoy visits from their families and friends within their rooms and in the communal areas.
	+ the staff are kind and caring.
	+ the service is clean, tidy and well maintained.

The Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

* The Assessment Team observed cleaning and maintenance staff working safely within the service and using appropriate equipment. However, the service was not able to adequately demonstrate the environment is clean, well maintained and comfortable.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Non-compliant

The service environment:

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

### I have decided the service does not comply with this requirement as the service’s processes have not ensured the internal and external environment has been consistently cleaned or maintained.

Although consumers and representatives are satisfied with the cleaning and safety of the environment, the Assessment Team found that areas of the service had not been cleaned or consistently maintained. For example:

* Some internal areas of the service had been identified to have a malodour, dirty walls, rotting areas around the hygiene station, paint peeling from walls and areas of mouldy carpet.
* Outside balconies in one area to be unclean with cigarette ash and animal droppings.
* Cleaning staff were not consistently undertaking scheduled cleaning.
* Flies observed to be in multiple areas of the service including in two consumers’ rooms and for another consumer a urinal located near food and left uncovered.

The approved provider’s response disagreed with the Assessment Team’s findings. It reported the degree of dirty walls and paint chipping was limited to one wall and these had been actioned immediately. In respects to the hygiene station, quotes had been sought to refurbish this area and mouldy carpets now replaced as an interim strategy. However, evidence to support current actions had not been provided and were noted to have been changed following the audit.

In relation to the malodour within the service, the approved provider’s response advised this was identified prior to the commencement of the audit and strategies were being implemented to address this including removal of the carpet tiles. However, I am concerned that the Assessment Team observed the malodour to be present throughout the three days of the audit and the approved provider did not provide further evidence to support these strategies had effectively addressed the malodour.

In relation to the observations of an outdoor area, the approved provider’s response identified:

* cigarette ash on balconies was due to some consumers not remembering the location of the new designated smoking area and staff are required to redirect them. It further acknowledged smoking in this area to be a concern and has subsequently undertaken an assessment and updated care plans of all consumers who smoke.
* a daily cleaning routine was in place to remove animal droppings.

However, while the approved provider’s response identified increased monitoring and cleaning has been implemented following the audit; the approved provider’s response has not outlined strategies or other monitoring processes that were in place to identify the behaviours of consumers smoking in this area including need for additional cleaning in these areas.

The Assessment Team also identified there was cleaning duties were not being completed for multiple consumers’ rooms (for an extended period) due to staff reporting having insufficient time. While the approved provider disagreed advising cleaning was still occurring as outlined in its response to requirement 7 (3) (a), the service did not provide evidence to support this and had advised the service has since implemented additional processes for cleaning and monitoring of staff duties.

In respects to flies that were observed at the service and uncovered urinal left in a consumer’s room, the approved provider disagrees with the Assessment Team’s observations and reports there were strategies in place to manage this. Refer to requirement 3 (3) a. In addition, the approved provider has further explored other environmental strategies since the audit which included the installation of additional pest control measures and quoting on automatic doors.

Although the approved provider disagrees with the Assessment Team’s findings, it has not evidenced that appropriate monitoring and effective strategies had been implemented, at the time of the audit, to ensure all areas of the service are adequately cleaned and maintained. While it has now developed an action plan to address these areas, it will take some time to ensure all actions have been fully implemented and evaluated for their effectiveness.

For the above reasons, I find the service does not comply with this requirement.

### 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 Assessment Team found that overall, sampled consumers consider they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers interviewed know management by name, felt they could make complaints and felt safe to do so.
* The majority of consumers sampled felt that changes were made at the service in response to their complaints and/or feedback

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

* The organisation has feedback and complaints processes which are generally followed. Verbal and written feedback is received, acted on to achieve a positive outcome for consumers.
* While action is generally taken in response to feedback, feedback and/or complaints are not always documented to ensure follow-up and evaluation of actions taken.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

I have decided the service does comply with this requirement as the feedback and complaints are generally reviewed and used to improve the quality of care and services.

The Assessment Team found that consumers and representatives sampled are aware of the service’s complaints processes, felt comfortable raising issues and are generally satisfied with the response to their complaints. However, two consumers and representatives raised concerns about the actions taken in response to their complaints in respects to either meal services or care delivery.

Although the service was not able to consistently demonstrate how specific feedback of the above consumers had been managed, the overall feedback regarding meal services identified consumers are satisfied and concerns regarding care for one consumer were being follow up at the time of the audit.

The approved provider’s response also included other avenues for consumer/representative feedback which included surveys, feedback forms and meetings. In addition, the Assessment Team noted further examples where consumer feedback had been addressed including where consumers had been engaged in a review of care and services as part of its organisational governance.

# STANDARD 7 NON-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 Assessment Team identified that for most sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* All sampled consumers said that staff are kind and caring.
* All sampled consumers confirmed that staff know what they are doing

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews and identified

* Training is generally undertaken as required by staff and staff performance monitored.
* However, the service is not able to adequately demonstrate the workforce is planned to enable, and the number and mix of members of the workforce supports the delivery and management of safe and quality care and services. For example, the majority of sampled consumers advised staffing was an issue at the service. Some consumers raised concerns regarding staffing inadequacy to meet consumers’ needs. Call bell response time reports and interviews with staff indicated delays in response to call bells are occurring and consumers needs are not always able to be met in a timely manner. The Assessment Team also identified cleaning staff reported having insufficient time and duties are not being completed as required.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.

I have decided the service does not comply with this requirement, as the service is not able to demonstrate the workforce is adequately planned to enable the number and mix of staff deployed, to support the delivery and management of safe and quality care and services. This specifically relates to concerns about the timely provision of care, the delivery of a cleaning program and processes to review staffing.

Although consumers and representatives are satisfied staff are knowledge, kind and caring, the Assessment Team found that:

* The majority of consumers and representatives interviewed did not consider there to be sufficient staff. Some consumers reported this had resulted in delays in their request for assistance and in some instances, this had resulted in a negative outcome.
* Staff raised concerns regarding staffing and provided examples of consumers’ care needs that are not always able to be met or responded to in a timely manner such as showers and attending to call bells in a timely manner.
* Strategies are not consistently implemented to replace or cover vacant cleaning shifts. Cleaning staff advised of insufficient time to undertake their duties and cleaning schedules demonstrated extend periods of where cleaning of some consumers’ rooms had not been attended to.
* A sample of call bell response times identified some call bell response times exceed 20 minutes and the service could not demonstrate effective analysis or trending of call bell response times to identify staffing issues or needs.
* Management was not able to demonstrate follow up undertaken in response to negative feedback received via its consumer experience survey (over a three month period).

The service provided feedback to the Assessment Team during the audit and advised staffing had been adjusted in response to reduced occupancy levels, a monthly report is provided as a comparison against other services and reallocation of staff had occurred due to increased consumers’ needs.

However, the approved provider’s response disagreed with the Assessment Team’s findings, reporting staffing levels were sufficient for the occupancy levels at the service. Although the approved provider advised of its processes for the monitoring call bell response times, staff allocation and the follow up of excessive call bell response times, it did not demonstrate how these processes had been effectively applied to address delays or potential staffing concerns. It further acknowledged improvements could be made including the purchasing of additional phones to support staff in promptly responding to consumers’ call bells.

In relation to feedback via the consumer experience survey, the approved provider’s response identified the broader processes used to address feedback, however its response failed to address how this information had been considered to support a review of staffing sufficiency.

The service also advised it has since implemented at number of improvements for the monitoring and follow up staff in respects to provision of cleaning services. However, at the time of the site audit, these had not been identified or actions implemented to ensure staff were adequately planned or deployed to support the delivery of this program. Refer to requirement 5 (3) (b).

While it is acknowledged improvements are being made in relation to this requirement, the service has not been able to adequately demonstrate its workforce has been planned or effectively monitored to support the delivery of care and services. In addition, the actions identified have not yet been fully implemented or evaluated to demonstrate their effectiveness.

For the above reasons, I found this requirement non-complaint.

### 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 Assessment Team identified overall sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers interviewed advised they feel the service is well run.
* Consumers advised they can contribute at consumer meetings and by providing feedback to staff and management. Some consumers are involved in staff training to provide perspective on consumers’ experiences.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The organisation has policies and procedure to direct care and services and management processes within the service. Governing bodies including a risk and compliance committee review information and provide guidance to the service.

However, the service is not able to adequately demonstrate 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. While some consumers are satisfied there are sufficient staff to meet their needs, other consumers gave examples of the negative impact of staff insufficiency is having on their needs being met. Staff provided feedback demonstrating consumers care needs are not always able to be met and cleaning is not always attended to as required due to insufficient staffing. The service did not demonstrate they are monitoring staffing adequacy.

The Assessment Team also identified the organisational governance systems for ensuring legislative requirements for management and minimising restraint have not been effectively implemented.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

Effective organisation wide governance systems relating to the following:

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

I have decided the service does not comply with this requirement as governance systems relating to regulatory compliance did not ensure the service appropriately identified and managed restraint according to relevant legislation.

I have considered the Assessment Team’s findings and the approved provider’s response and noted the organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial governance and feedback and complaints. For example:

* Staff and management generally reported they have access to relevant information when they need it.
* Opportunities for continuous improvement are identified through review of clinical indicator data, review of incidents and observations. Activities are recorded on the service’s continuous improvement plan and this is reviewed in management meetings.
* Management gave examples of where additional spending over the budgeted amount had occurred in response in changes to consumers’ needs.
* Refer to Standard 6 for feedback and complaints

The Assessment Team identified deficiencies in relation to regulatory compliance; the service did not demonstrate an understanding or application of the requirements for the use of restraint consistent relevant legislation.

The approved provider’s response identified the organisation has policies and processes in place to meet regulatory requirements for restraint. However, the service had not ensured this had been implemented and the approved provider has commenced actions to address this. Refer to requirement 3(3)(a).

In relation to workforce governance, the team identified deficiencies in the service’s monitoring of staff including the timely provision of care and ensuring sufficient staff to provide cleaning services. The approved provider’s response identified actions being implemented to improve staff access to equipment such as phones, monitoring of staffing and improved monitoring of call bells. Refer to requirements 3(3)(a) and requirement 7 (3)(a).

For the above reasons, I found this requirement non-complaint.

### 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) 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.

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

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

The service environment:

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

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.

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;

1. regulatory compliance;
2. feedback and complaints.