Parkview Aged Care

Performance Report

7-12 Majors Road
NORTH MOONTA SA 5558
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**Commission ID:** 6123

**Provider name:** Moonta Health & Aged Care Services Inc

**Site Audit date:** 8 June 2021 to 14 June 2021

**Date of Performance Report:** 1 September 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Approved Provider’s response to the Site Audit report received 8 July 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team recommended all Requirements in this Standard as met. However, based on information and evidence presented in Standard 3 Requirement (3)(b) and the response from the Approved Provider, I have come to a different view from the Assessment Team in relation to Requirement (3)(d) in this Standard. I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in this Standard, the Assessment Team found overall, consumers consider that they are treated with dignity and respected, can maintain their identity, make informed choices about their care and services, and live the life they choose. Specific examples provided by consumers/representatives included:

* Staff are kind, caring and treat consumers with respect, including understanding and respecting each consumer’s culture and beliefs.
* The service helps consumers to celebrate what is important to them.
* Staff support consumers to make choices about their daily life and to be independent, including maintaining relationships with family and friends.
* The service provides adequate information to consumers to advise them of events, meals and other happenings.
* Staff respect consumers’ privacy and dignity, including when personal care is provided.

The Assessment Team observed staff interacting with consumers in a respectful and kind manner. They also observed staff respecting consumers’ privacy, including staff knocking on consumers’ doors prior to entering. Consumers’ personal information is stored electronically, and access is password restricted for authorised staff.

Care and lifestyle staff were able to describe how they respect and promote cultural awareness in everyday practice, including having an understanding of individual consumers’ backgrounds and things of importance. Staff also described practices used to encourage and support consumers’ independence. Staff described different ways in which consumers are provided with information and demonstrated an understanding of the importance of confidentiality of consumers’ information.

Sampled consumers’ files demonstrated consultation with consumers/representatives in relation to identifying consumers’ personal experiences and how they inform respectful and dignified care and services. A range of assessments are used to record consumers’ individual choices in relation to culture and identity, including care plans identifying cultural days consumers wish to celebrate.

Based on the Assessment Team’s report, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e), (3)(f) 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) Non-compliant

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

The Assessment Team found the service was able to demonstrate that each consumer is supported to take risks to enable them to live the best life they can. However, information and evidence presented in Standard 3 Requirement (3)(b) demonstrates that while the service has undertaken a risk assessment in relation to a consumer who chooses to smoke cigarettes, including discussions with the consumer to understand risks, the consumer has not been supported to minimise risks associated with this activity. The Assessment Team found, and the Approved Provider acknowledged, the service required more robust processes in relation to mitigating risk, including for this one consumer who chooses to smoke cigarettes.

Specifically, the Assessment Team found a consumer (Consumer A) with cognitive impairment and reduced hand dexterity and sensation was not supported to minimise risks associated with their chosen activity of smoking cigarettes, finding that risk mitigation strategies had not been reviewed following incidents associated with smoking, that risks were not reflected in Consumer A’s care plan, supervision was not being provided while Consumer A was smoking and a physiotherapy review indicating reduced hand dexterity had not been considered in the context of the consumer being able to safely smoke.

In coming to finding, I have considered and recognise the immediate actions taken by the service in response to the deficiencies both during and following the Site Audit. However, I find that at the time of the Site Audit, the service was unable to demonstrate that each consumer is supported to take risks to enable them to live the best life they can, specifically in relation to Consumer A. While the service had conducted a risk assessment in relation to Consumer A’s chosen activity of smoking cigarettes and explained the risks, the service did not demonstrate effective risk mitigation strategies used to support the consumer during this activity. I have considered that physical limitations were not considered in the risk assessment processes, or following incidents, nor that specified strategies to mitigate risk were identified in the care plan. Additionally, staff indicated the consumer would fall asleep while smoking, however, daily check forms indicate staff were not supervising the consumer while they were smoking.

While immediate actions were implemented by the service to mitigate risk associated with Consumer A’s smoking, I find that at the time of the Site Audit, the service did not demonstrate that Consumer A was supported to take risks to enable them to live the best life they can, through not demonstrating risk mitigation strategies to support Consumer A to participate in this activity in the safest manner.

For the reasons detailed above, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, Non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

### 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team have recommended all Requirements in this Standard as met. The Approved Provider did not submit a response to the Assessment Team’s report.

The Assessment Team found that overall, consumers and representatives consider they are consulted and involved in assessment and planning processes to inform the delivery of consumers’ services and care. Specific examples provided by consumers/representatives included:

* Consulted regarding needs and preferences, including end of life wishes.
* Consumers indicated they actively participate in assessment and care planning and feel included.
* Feel confident they have access to their care plan.

Consumer files sampled demonstrated the service uses various information from outside sources to assist in assessment for consumers first entering the service, with risks associated with care assessed in accordance with each consumer’s needs and preferences. Care plan documents confirmed consultation with consumers and representatives in relation to care planning. Care planning documentation also confirmed that care and services are reviewed regularly and when circumstances change.

Staff interviewed described how the clinical team uses case conferences to involve other health professionals in care planning, including involving consumers and representatives in these discussions and various communication methods used to relay relevant clinical information. Clinical staff confirmed care reviews are undertaken six-monthly and as required, such as in response to a clinical change in a consumer’s condition.

There are policies and procedures to guide staff practices in relation to assessment and planning, including end of life and advance care planning.

Based on the Assessment Team’s report, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, Compliant with all Requirements 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) 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 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)(b) in this Standard as Non-compliant. However, 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 have found Requirement (3)(b) Compliant. I have provided reasons for my finding in the specific Requirement below.

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

* Staff provide the care they need and provided examples of tailored care following incidents or changes on health condition.
* Staff monitor their health status and needs and preferences are effectively communicated between staff because they do not need to repeat information.
* Have access to medical officers and allied heath when they require it.
* Staff interviewed indicated their practices are monitored by senior staff and were able to describe specific high impact or high prevalence risks associated with consumers’ care, consistent with risks and strategies identified in care plans. They were also able to describe the service’s clinical pathways used to manage risk, such as falls, weight loss and pressure injuries. A staff member was able to describe practices used to support a consumer’s comfort at the end of their life. Care staff described how they report changes to consumers’ condition to nursing staff, including using handover processes. Staff were able to describe the practices and processes used in relation to infection control, including the availability of personal protective equipment.
* Clinical documentation reviewed for a consumer who received end-of-life care demonstrated ongoing consultation with the family and medical officer to optimise the consumer’s comfort. Sampled consumers’ files demonstrated regular progress note entries and handover information which was reflective of consumers’ health status. Additionally, these files demonstrated referrals and reviews by relevant health and allied health specialists are undertaken in accordance with consumers’ needs.
* The service has access to best practice guidance in relation to personal and clinical care. There are also policies and procedures to support staff to recognise and manage consumers’ deteriorating health conditions. Documentation demonstrated the service has infection control procedures and practices to reduce the risk of resistance to antibiotics and to manage infections.

Based on the Assessment Team’s report, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, 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.*

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, that the service did not demonstrate effective management of risks associated with smoking cigarettes. The Assessment Team provided the following information and evidence relevant to their not met recommendation:

* A consumer (Consumer A) who has cognitive impairment and reduced hand dexterity and sensation is not supported to minimise risks associated with their chosen activity of smoking cigarettes. Specifically:
	+ A physiotherapy assessment identifies range of motion deficits with reduced hand and finger actions but staff interviewed were unaware how this would impact the consumer’s ability to hold a cigarette.
	+ The care plan did not reflect risks associated with consumer’s engagement with this activity of smoking cigarettes.
	+ Safety daily check forms which monitor Consumer A’s location on an hourly basis, do not evidence supervision while smoking cigarettes but indicate the consumer is often outside, smoking, including overnight.
	+ Four staff interviewed indicated the consumer falls asleep while smoking and stays outside at night time.
	+ Incidents related to smoking have not initiated a review or update to risk management strategies to support the consumer to safely smoke cigarettes.
* While Consumer A indicated staff have explained the risks associated with smoking cigarettes, management were unable to demonstrate ongoing conversations with the consumer and/or representative in relation to ongoing risks associated with smoking cigarettes.
* The Assessment Team observed the smoking area did not have appropriate fire safety equipment to respond to an incident involving cigarette smoking. As a result, during the Site Audit, management implemented the following actions to address the concerns regarding Consumer A:
	+ Agreement with Consumer A that they are to wear a smoking apron when smoking cigarettes, report to staff when going outside to smoke and to only smoke in designated areas.
	+ Staff are to observe Consumer A when smoking cigarettes and log in a record chart the times the consumer is smoking.
	+ Additional fire safety equipment to be placed in the smoking area, consideration of CCTV of these areas and a new smoking apron has been ordered.

The Approved Provider submitted a response to the Assessment Team’s report and have implemented actions and improvements to address the deficiencies identified in the Assessment Team report. The Approved Provider included a plan for continuous improvement with measures to expand the risk management plan. The Approved Provider submitted the following information and evidence relevant to my finding:

* Consumer A is complex due to their cognitive status and refusal to comply with safety requests, and the consumer had signed a non-smoking agreement on entry.
* A full review of the service’s processes has been undertaken in relation to smoking cigarettes, including processes for consumers who are not forthcoming with their smoking status on entry. New processes included, but were not limited to, new risk assessments of the consumer and environment, inclusive of medical officer and physiotherapy reviews.
* The service has always respected the rights and dignity of risk for Consumer A to engage in their chosen activity of smoking cigarettes. However, acknowledged processes needed to be more robust in relation to mitigating risk, especially where a consumer has a cognitive deficit.

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

In coming to my finding, I have considered the information and evidence presented by the Assessment Team and Approved Provider relates to Standard 1 Requirement (3)(d) which requires that each consumer is supported to take risks to enable them to live the best life they can. The information and evidence presented does not specifically relate to management of risks associated with the personal and clinical care of each consumer, but rather to Consumer A’s determination and decision to engage in the activity of smoking cigarettes to live their best life. I acknowledge the improvements and actions taken in a swift manner in response to risk associated with Consumer A’s engagement with an activity of their choosing, that is, smoking cigarettes, but at the time of the Site Audit I find the service had not supported Consumer A to minimise risks associated with this activity. Please refer to Standard 1 Requirement (3)(d) for further reasoning.

In relation to this Requirement, I have considered evidence and information presented in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care which indicates consumers are satisfied personal care and clinical care is safe and right for them. I have considered that sampled consumers’ care plans are individualised and relative to each consumer’s risk associated with their health and well-being, including consumers at risk of skin integrity breakdown and falls. I have also considered specific evidence demonstrating effective management and monitoring of two consumers who had lost weight, with potential malnutrition risks.

For the reasons detailed above, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

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

The Assessment Team have recommended all Requirements in this Standard as met. The Approved Provider did not submit a response to the Assessment Team’s report.

The Assessment Team found that overall, sampled consumers consider they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Specific examples provided by consumers/representatives included:

* Staff support them to do the things they like to do and are important to them, including maintaining social and personal relationships and participating in activities within and outside the service.
* Provided specific about care and services which are tailored to each consumer’s needs.
* A consumer described how staff visit and talk with them, indicating staff understand their sense of humour.
* Indicated they liked the meals and are provided a choice at meals service, with plenty to eat and drink.
* Feel equipment is safe and kept clean.
* The Assessment Team observed consumers participating in individual and group lifestyle activities.
* Consumer files sampled reflected information about what is important to individual consumers and included information relating to emotional, social, spiritual, activities, and relationship needs and preferences. This documentation also included consumers’ preferences in relation to lifestyle activities, and nutrition and hydration needs and preferences.
* Staff interviewed described processes used to seek consumer feedback in relation to the activities program and strategies used to ensure inclusivity of consumers with varying needs. Staff were also able to describe how they support consumers’ emotional, psychological and spiritual well-being. Staff indicated they are notified of changes to consumers’ needs and preferences through handover processes, including changes to dietary requirements of consumers. They also described how they engage and work with other individuals or organisations to meet the diverse range of needs of consumers. Staff confirmed they are trained in using equipment.
* The service has a monthly activity schedule with a variety of activities scheduled, inclusive of spiritual activities/services. The service has a four-weekly rotating menu with options for consumers who require a modified diet.

Based on the Assessment Team’s report, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, Compliant with all Requirements in Standard 4 Services and support 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 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 Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team have recommended all Requirements in this Standard as met. The Approved Provider did not submit a response to the Assessment Team’s report.

The Assessment Team found that overall, sampled consumers consider that they feel they belong in the service and feel comfortable in the service environment. Specific examples provided by consumers/representatives included:

* Feel safe living in the service and family can visit anytime and are made to feel welcomed.
* Can bring items in from home to make it more ‘home-like’.
* The environment is clean and well maintained, including furniture, fittings and equipment, with access to outdoor garden areas.

The Assessment Team observed consumers’ rooms to have personal character and items. They also observed the service to have communal areas to encourage consumers to interact, with secure courtyards and gardens with accessible seating. The Assessment Team found the service environment to be clean and well maintained and observed cleaning staff attending to consumers’ rooms and communal areas. Consumers were observed to be moving freely indoors and outdoors. Overall, furniture, fittings and equipment appeared to be safe, clean and well maintained.

Management described and demonstrated signage on display to support consumers and visitors to navigate the service independently and described how the service is decorated and furniture arranged in consultation with consumers.

The service has a preventative and reactive maintenance schedule, with a range of external service providers engaged, to support maintenance of the environment and equipment. Staff interviewed confirmed they have access to maintenance requests and documentation supports that routine and responsive maintenance actions are undertaken. Staff also described cleaning schedules and practices to support clean and safe equipment and service environment.

Based on the Assessment Team’s report, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, Compliant with all Requirements 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) Compliant

*The service environment:*

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

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

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

# STANDARD 6 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 have recommended all Requirements in this Standard as met. The Approved Provider did not submit a response to the Assessment Team’s report.

The Assessment Team found that overall, sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Specific examples provided by consumers/representatives included:

* Feel comfortable to raise feedback and are confident appropriate action would be taken.
* Most indicted complaints raised have been addressed to their satisfaction and an open disclosure process was followed.
* Described how they provide written and verbal feedback and indicated improvements are identified and implemented in response to feedback.

Staff interviewed described strategies used to respond to and support consumers who raise complaints or concerns. Management advised all staff have completed an information session in relation to using advocacy services and staff interviewed were aware of language and advocacy services available to assist consumers. Management described how they review all complaints on the service’s electronic reporting system to ensure each complaint is followed-up and appropriate action taken. The majority of staff interviewed indicated they have participated in training in relation to open disclosure.

The Assessment Team observed information relating to internal and external complaints mechanisms on display, including information relating to advocacy services.

The complaints register demonstrated complaints are received, and appropriate action undertaken to resolve concerns, including the use of open disclosure. The ‘resident handbook’ which is provided to consumers on entry, included information relating to translating and interpreting services. The service has policies and procedures in relation open disclosure.

Based on the Assessment Team’s report, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, 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 have recommended all Requirements in this Standard as met. The Approved Provider did not submit a response to the Assessment Team’s report.

The Assessment Team found that overall, sampled consumers consider they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Specific examples provided by consumers/representatives included:

* Most indicated there are enough staff, who are adequately trained and skilled to meet their needs, including being responsive to answering call bells.
* All described staff as being respectful, kind and caring.

The Assessment Team observed staff interacting with consumers in a kind and respectful manner, knocking on consumers’ doors and waiting for a reply before entering.

Most staff interviewed indicated they have enough time to complete tasks and responsibilities associated with their role. However, two staff indicated they occasionally must work short-staffed due to late notice absences, but this does not negatively impact consumer care or services. Management described strategies they are implementing to reduce short notice leave. Some staff described consumers as family when referring to them. Management described annual staff competencies required for specific roles, and how these are monitored and undertaken within specified timeframes. They also described monitoring processes for professional registrations. Management described recruitment and onboarding processes for new staff, including completion of mandatory training, which also must be completed by all staff on an annual basis. Staff interviewed confirmed they are provided with sufficient training and can access additional training through online modules if required. All staff participate in annual performance appraisals consisting of a written self-assessment and interviews with managers. Management described how they use informal file notes and complaints/compliment data to inform performance reviews.

Staff meeting minutes demonstrated management discuss call bell response times with staff. The compliments register included comments from consumers and representatives which were positive about the level of care and support consumers receive. The service has a code of conduct included in the employee handbook which includes treating consumers with respect, and various job descriptions and daily duties for roles outline required qualifications and experience. The service has a staff performance framework which is supported by policies, procedures and performance appraisals.

Based on the Assessment Team’s report, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, 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 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team have recommended all Requirements in this Standard as met. The Approved Provider did not submit a response to the Assessment Team’s report.

The Assessment Team found that overall, sampled consumers consider the organisation is well run and they participate in improving the delivery of care and services. Specific examples provided by consumers/representatives included:

* Consumers indicated they have opportunities to provide input into care and services through participating in their assessment and care planning meetings, surveys and discussions at consumer committee meetings.

Management described how consumers are involved in improving care and services, mostly through meetings and providing feedback, however, acknowledged there are opportunities to further improve consumer engagement. Meeting minutes demonstrated consumers and representatives are encouraged to provide feedback and how this is discussed at all levels.

The organisation has a range of mechanisms to ensure the Board is aware and accountable for the delivery of care and services, with all Board members having training in relation to the Quality Standards. The Board are in the process of implementing recommendations of an independent review of the organisation’s governance structure and service delivery. The service has an internal audit framework, inclusive of monthly reporting of clinical data and analysis from management to the Board.

Management were able to demonstrate how organisational wide governance systems are effective, inclusive of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Specifically:

* Staff interviewed confirmed they have access to information in relation to their role and consumers to effectively perform their role and management were able to provide the Assessment Team with information in a timely manner, including information associated with human resources, feedback, risk, audits and clinical data.
* The service’s continuous improvement plan has improvements which have been initiated from a wide range of sources and mechanisms.
* Financial budgets and expenditure are reviewed at Board meetings and the service has delegations for the use of service funds.
* The organisation has a human resource manager who ensures recruited employees are suitable for the role, including undertaking pre-employment checks.
* The organisation uses a range of mechanisms to ensure they are aware of any legislative or regulatory changes. The Assessment Team found the service was able to demonstrate their responsibilities in relation to the Serious Incident Response Scheme and monitoring of staff police checks.
* The service has a complaint register with actions taken in response to feedback.

The organisation has documented risk management system, including but not limited to managing high impact or high prevalence risks associated with consumers’ care, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents, including the use of an incident management system. Staff interviewed were able to describe relevant policies and procedures associated with the risk management system and management and senior staff confirmed they have participated in training in relation to the Serious Incident Response Scheme, with all staff planned to complete this training.

The organisation has a clinical governance framework, including but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed were able to describe relevant policies and procedures associated with the clinical governance framework and how this relates to their work. Documentation supports that the service minimises the use of restraint, with no physical restraint used and the use of psychotropic medications is reviewed regularly. Staff are aware of open disclosure processes and participate in infection control training, with antimicrobial stewardship and changes to consumers care discussed at staff and consumer meetings.

Based on the Assessment Team’s report, I find Moonta Health & Aged Care Services Inc, in relation to Parkview Aged, Compliant with all Requirements 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) Compliant

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

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

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

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

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

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

The Approved Provider has acknowledged deficits identified by the Assessment Team and have indicated and demonstrated a commitment to addressing these deficiencies. The service should seek to ensure:

* **In relation to Standard 1 Requirement (3)(d):**
	+ Ensure each consumer is supported to take risks to enable to live the best life they can, including the implementation and monitoring of risk mitigation strategies to ensure consumers are engaging in activities in the safest manner.