Paynesville Gardens Care Community

Performance Report

3-5 Fort King Road
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**Commission ID:** 4526

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 6 July 2021 to 8 July 2021

**Date of Performance Report:** 12 July 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-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) |  Non-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 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-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 4 August 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation for alignment with the feedback from consumers. The Assessment Team tested staff understanding and application of the requirements under this Standard, examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

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

Consumers said they are treated with dignity and respect, care and services meet their needs, and staff know their backgrounds and will adjust care to reflect these needs and preferences.

Consumers are supported to maintain their relationships of choice and to make decisions about the risks they wish to take.

Consumers receive a range of updated information to enable them to make decisions, and confirmed their personal privacy is respected and personal care is provided behind closed doors.

Staff know consumers’ sensitive care needs and demonstrated an understanding of the complexity of consumer and representative relationships and the support they require to make and communicate decisions.

Staff ensure consumers are as safe as possible, can live the best lives they can, and that information that informs care and services is current and available where needed.

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*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. However, most consumer care plans contain generic information and the service does not consistently identify capture or direct the management of individual risks for all consumers. Risk assessment and management strategies are not consistently completed for example in relation to pain, hypoglycaemic episodes, compromised skin integrity, and consumers’ hydration status.

Care planning documentation does not consistently reflect monitoring of consumers following an acute change in their condition or changes in treatment interventions.

Where there has been an acute change in a consumer’s condition and medical directives, ongoing monitoring of the effectiveness of treatment is not always completed consistently.

Care planning documents provided evidence of assessment and care planning and generally reflect consumers’ current goals, needs and preferences and include end of life planning and documentation of advance care wishes.

Consumers and representatives stated they could not recall having formal meetings regarding care plans. However, they are satisfied that the service keeps them informed and feel confident if they want to review care plans, the service would be happy to make them available.

Assessment and care planning documentation is generally reviewed following an incident. However, care planning review does not always demonstrate ongoing monitoring where there has been a change in a consumer’s medical needs.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found care planning documents do not capture individual risks for all consumers and do not consistently reflect monitoring and management of consumers. Assessment, planning and management strategies are not consistently considering the risks to a consumer’s health in order to inform the delivery of safe and effective care and services.

For example in relation to two consumers assessment of pain and pain management was not associated with risks to the consumer’s health. For another consumer an interim care plan for nutrition did not reflect complex care needs associated with providing nutrition. Although skin care documentation for the same consumer indicated they are a very high risk for compromised skin integrity, no goals or interventions for skin care or associated risks are in place.

All risks associated with a consumer who has behavioural issues were not documented and an individulaised plan to manage the behviours was not in place to ensure their safety and the safety of others. Further examples were sighted where assessment and planning for individual risks are not documented in consumers’ care plans. The further deficits include no diabetes management plan or information about hypoglycaemic episodes, hydration status, impaired swallowing, specific dietary care requirements.

Ongoing monitoring and medical directives are not always completed consistently and most consumer care plans contain generic information.

The response from the approved provider includes a detailed response about each consumer identified regarding assessment and care planning. It acknowledges the feedback in the Assessment team report and disagrees with the Assment team’s findings. The response includes actions taken since the site audit for each of the identified consumers.

In making my decision I have considered the Assessment team acknowledgement of the responsiveness of the service’s management team to address the Assessment teams concerns when on site and the response from the approved provider. While I acknowledge the action taken by management during and since the audit to address the identified deficits, the effectiveness of the steps taken have not been fully evaluated. I find at the time of the site audit the service was Non-compliant with this requirement.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Non-compliant

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

The Assessment Team found the service did not demonstrate care and services are reviewed for effectiveness and when circumstances change. Although regular review of care plans generallay occurs, not all assessment for care is reviewed for effectiveness. At the time of the site audit the Assessment Team found the service did not demonstrate it reviews the effectiveness of care for consumers with following an incident or change in circumstances review and monitoring for the effectiveness of care strategies following a change in circumstances or medical condition.

A consumer was found by the Assessment team to have a painful leg after recently returning from hospital after treatment for deep vein thrombosis. While the service responded to the Assessment team’s concern, and review by a medical practioner on site at the time when concerns were raised regular review had not previously been undertaken.

Other deficits in assessment of care for consumers were also identified. One consumer on fluid restrictions was found to have their fluid balance sheets completed inconsistently and no output documented. Another consumer entered the service on respite, has a colostomy, and was found to have no colostomy care plan nor was there any monitoring tool that the service could use to monitor the health of the stoma and the colostomy site.

A review of wound charts identified wound measurements were not consistently documented.

The approved provider’s response refutes some of the findings in the Assessment team report. The response included further and recent information about the consumers identified by the team as not having reviews for effectiveness of care delivered. The response provides evidence of recent care, monitoring and reviews of consumers. The response also outlines education undertaken about wound documentation, hydration and fluid balances.

In making my decision I have considered the Assessment team acknowledgement of the responsiveness of the service’s management team to address the Assessment teams concerns when on site and the response from the approved provider. While I acknowledge the action taken by management during and since since the audit to address the identified deficits, including staff education and training the actions taken have not been fully evaluated for effectiveness. I find that at the time of the site audit the service was Non-compliant with this requirement.

# 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

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 other relevant documents.

Most consumers said they usually get the care they need and provided positive feedback about care provide by staff. Staff interviews, and documentation reflected care generally is safe and when managing consumers’ skin integrity and pain.

For the consumers sampled, clinical processes were observed for most clinical areas. Some examples for different clinical needs demonstrated that in general where there is individualised risk relevant to a consumer, they are effectively managed by the service.

The service demonstrated an understanding of end of life needs, and showed how this can be applied to individual consumers.

The service has effective processes to document and communicate information about consumers’ condition, needs and preferences including verbal and written handover. Clinical staff, allied health professionals and care staff confirmed they are provided with and have access to the information they need.

The service is affiliated with several specialist health practitioners and documentation reflected timely and appropriate referrals. Specialist recommendations were reflected in consumers’ care documentation. Consumers and representatives confirmed they have access to their medical practitioner and other health professionals when needed. Clinical staff were able to describe how they refer consumers to appropriate specialist services.

The service did not demonstrate it monitors staff use of personal protective equipment in line with best practice in order take precautions to prevent and control infection and related risks. Environmental monitoring for the use of disinfectant wipes was not effectively implemented for high touch areas including manual handling equipment. The service has an infection control policy including an antimicrobial stewardship policy.

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) Compliant

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

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

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

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

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

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

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

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

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

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

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

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

### Requirement 3(3)(g) Non-compliant

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found the service did not demonstrate practices in relation to preventing and minimising infection control. On entry to the service there was no disinfectant wipes located at the electronic sign in tablet. Staff were observed not wearing their face masks appropriately. A staff member was observed talking to a consumer in their room and the staff member’s mask was pulled down under their chin. Other staff members team were observed to have their mask not covering their nose and mouth while doing tasks and some care staff were observed readjusting their face masks and not performing hand hygiene. There were no disinfectant wipes located at high touch areas including availability of disinfectant wipes where shared equipment is being used/stored.

The approved provider’s response states it has a comprehensive and integrated infection prevention and control system that supports it to implement best practice infection control. The response also outlines comprehensive education and training of staff in infection control, and states the service has policies in place to guide staff and monitors the implementation of infection control practices.

I have considered the response by the approved provider and acknowledge the infection control systems, practices, policies, training and education outlined in the response to the Assessment team’s report. However, based on the evidence in the Assessment team report the service was not implementing safe and effective infection control practices at the time of the audit. Therefore I find the service Non-compliant with this requirement.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, consumers considered that 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.

Consumers and representatives said that their needs and preferences are respected when participating in individual or group activities.

Consumers explained how the service supports them to maintain their spiritual, emotional and psychological well-being. Staff know the consumers and support consumers’ religious expression.

Consumers said they are free to come and go as they wish and to stay in touch with significant people in their lives either in person or using technology. Consumers said their needs and preferences for participation are communicated.

Consumers and representatives said the quality and quantity of food provided is suitable, and described how their choices are supported.

Staff know consumers' support needs and use daily handover meetings, care plan updates and progress note entries to remain informed of any changes.

Staff know consumers’ dietary preferences and requirements, offer them choice and respond to feedback and changes in preferences. Care plans reflect the wishes of consumers. Staff assist consumers with their meals, whilst supporting independence and consumers were observed enjoying their meals.

Consumers are supported to maintain social relationships and participate in activities of interest, both within and outside of the service. Consumers participate in religious events, other activities and outings and maintain cultural connections. Support options are available if needed.

The service utilises a range of equipment to support consumers with lifestyle and daily care needs.

A comprehensive programmed and reactive maintenance schedule is accessible to staff and timely maintenance occurs.

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 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, consumers considered that they feel a sense of belonging in the service and feel safe and comfortable in the service environment.

Consumers confirmed they feel safe and the service is well equipped to promote independence and enjoyment.

Consumers and representatives confirmed that the internal and external environment is pleasant, and consumers can personalise their own living areas. Consumers’ relatives and friends are made to feel welcome.

Consumers and representatives confirmed bedrooms and communal areas are kept clean. Consumers expressed that maintenance of equipment and furnishings occurs promptly.

The Assessment Team found the service environment to be welcoming, clean and well maintained. The service offers communal areas of various sizes, both inside and outside. Furniture, fittings and equipment were observed to be safe, clean and well maintained.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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 and complaints trend analysis, and tested staff understanding and application of the requirements under this Standard.

Overall consumers considered that management encourages feedback and it was noted that complaints recorded on the organisation’s register had been addressed. The Assessment Team identified several consumer complaints in which the service did not follow the organisation’s open disclosure process through appropriate documentation, and subsequent investigation and action in response to consumers’ verbal complaints.

Consumers and representatives demonstrated an awareness of how to raise any concerns with management. However, consumers stated that action has not been taken with respect to their verbal feedback to staff, and no one has got back to them about the issues raised.

Staff said that when a consumer has a concern about their care and services it is addressed at the time, and documented in progress notes.

The Assessment Team noted that staff were unaware of the need to document feedback and complaints in the organisation’s electronic complaints platform. Several consumers’ verbal complaints were not documented in the complaints platform.

Management discussed the documenting of the identified complaints and the plans for improvement they have raised to mitigate deficits and to train staff in the open disclosure process.

Consumers and representatives demonstrated an awareness of external avenues of complaint, and supports such as advocacy and interpreting services available for them to raise concerns. Management described how support such as advocacy services and interpreters are available to consumers.

Most consumers said when they had a concern about their care and services it was addressed at the time. Documentation indicated responsiveness to the feedback that had been formally logged on the organisation’s complaints platform and an open disclosure approach being used to address these.

Consumers and representatives are satisfied the service has listened to their concerns regarding food and were able to describe improvements the service has made. There are processes to review feedback and identify improvements.

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.*

The service has demonstrated consumers, representatives and staff are encouraged to provide feedback and make complaints. Overall consumers felt safe making complaints and requesting improvements from care staff and management. The Assessment team found the service could not demonstrate responsiveness to supporting consumers and one staff member who had made verbal complaints because the complaint was not formally recorded in the organisation’s complaints register. As a result, it appeared that action had not been taken in regard to the complaints.

The approved provider’s response demonstrated actions had been taken in response to the identified verbal complaints made at the service. The response acknowledges the feedback from the assessors regarding recording verbal complaints and states the service has a sophisticated feedback and complaints tracking system (GEM) that allows the Care Communities and Home Office to monitor all feedback and complaints, extract actionable insights and identify trends. The response states that the complaints tracking system facilitates effective and meaningful improvements, driven by the needs and wants of the Care Community, linking to the continuous improvement plans for the home. Feedback, comments and complaints, from residents, visitors and representatives are encouraged and facilitated via a digitised visitor log or via, phone, email or in person if that is more convenient to the complainant. Team members are also encouraged to provide feedback in a variety of ways including regular resident-relative meetings to not only share information but also as a forum to listen and ask and considers improvements are a result of issues raised and discussed.

In making my decision I have considered the Assessment team report and the approved provider’s response. While the Assessment team found this requirement not met because three verbal complaints were not recorded, I have come to a different view. I consider the Assessment Team have not provided sufficient evidence to demonstrate non-compliance with this requirement. The evidence from the provider demonstrates the verbal complaints identified have been addressed. Further, the Assessment team report documents feedback indicating staff, representatives and consumers, and also and family, friends, carers and others are encouraged and supported to provide feedback and make complaints. I therefore find this requirement Compliant.

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

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

### Requirement 6(3)(c) 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 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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.

Overall, consumers considered that they get quality care and services when they need them, and from people who are knowledgeable, capable and caring.

Consumers and representatives described that there are sufficient staff numbers to provide safe and quality care to consumers.

Most staff expressed satisfaction with staffing levels and explained that they have sufficient time to provide safe and quality care to consumers.

Consumers and representatives described in various ways, staff are kind, caring and gentle when providing care. The Assessment Team observed positive staff interactions with consumers.Management discussed the organisation’s recruitment and selection process, including a review of qualifications and registrations. Staff performance is assessed during their six-month probation period to determine if staff are competent and capable in their role.

Consumers and representatives expressed satisfaction that staff are well trained and supported to provide care to consumers.

Staff expressed satisfaction with the quality of training provided. Staff confirmed completing the organisation’s annual, mandatory training program and expressed satisfaction with being supported to undertake further education if they wish to do so.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. Staff confirmed they receive feedback from management. The service demonstrated a system for staff appraisal and performance management processes.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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.

Overall, consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. However, the service does not consistently identify and report upon consumers’ individual risks such as pain, management of hypoglycaemic episodes and skin integrity in relation to wound monitoring. The service does not consistently report incidents such as aggressive behaviours.

Consumers and representatives are involved in the development, delivery and evaluation of care and services. Management seeks input from consumers and representatives and action improvement ideas.The service demonstrated governance systems are in place and their application in considering best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to consumer experience. The Board then satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the Quality Standards.

The organisation’s risk management framework did not demonstrate that all risks and behaviours are identified and reported on consistently. Generally, clinical risks were appropriately identified and were noted to have been escalated and reviewed by management at service level and by the organisation’s executive management. However, instances were noted where risks to consumers were identified with no subsequent action or interventions implemented.

The organisation’s clinical governance framework includes the monitoring and review of antimicrobial use and the use of restraint, and promotes open disclosure.

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.*

### Requirement 8(3)(d) Non-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.*

### The Assessment team found the service did not demonstrate effective risk management practices are in place. High impact or high prevalence risk is generally identified and reported however appropriate action is not consistently put in place to manage the risk. However not all relevant risks and incidents are identified and managed through use of an effective incident management system to prevent further incidents. For example the aggressive behaviours of one consumer impacting on staff and other consumers were not appropriately identified, reported and recorded by staff. The service does not consistently identify and report upon consumer’s individual risks such as pain, management of hypoglycaemic episodes and skin integrity in relation wound monitoring.

In the response to the Assessment team report mangement reported that high impact and high prevalence risks are proactively identified, monitored and reviewed. The response states risk areas are initially identified upon admission and re-assessments are performed when a trigger is identified by a member of staff. The care manager oversees all day to day practices which may lead to the need for further assessment. The response also states a risk management framework is in place that outlines the systems, governance structures and processes to anticipate and manage risk. The framework is designed to build and support a positive culture of risk management integrated across all aspects of the organisation. Further the response says collection of monthly data including clinical indicators, regulatory reviews, complaints, audit and survey results and feedback, is reviewed by the homes, regional hubs, Audit and Risk and Clinical Governance Committees and results and recommendations are presented to The Board.

I acknowledge that the organisation does have established processes and systems in place for identifying high impact high prevalence risks to residents and for eliminating or reducing the risk of harm to residents with these identified risks and that an incident management system is in place. However, I find that this requirement is Non-compliant as at the time of the site audit the approved provider was unable to demonstrate that effective oversight of consumers’ clinical risks and incidents.

### 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.

* Ensure all consumers’ care plans are reviewed regularly for effectiveness following incidents or changes,
* Ensure new interventions and monitoring is recorded and evaluated for effectiveness
* Effectively implement organisational risk management and incident management systems to ensure effective oversight of consumers’ clinical risks and incidents and in particular in relation to managing behaviour related risk.