Philip Kennedy Centre

Performance Report

Kennedy Court
LARGS BAY SA 5016
Phone number: 08 8242 0122

**Commission ID:** 6090

**Provider name:** Southern Cross Care (SA & NT) Incorporated

**Site audit date:** 3 December 2019 to 6 December 2019

# 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) | Non-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) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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 14 January 2020

# 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 Assessment Team found that most consumers interviewed confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about their care and live the life they choose. However, three consumers interviewed said they do not make decisions about their own care and staff do not talk to them about their care plan. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* One consumer said they do not know about their care plan and staff do not talk to them about it.
* Two consumers stated they would like to self-administer medications, however, the staff have not supported them to do this.
* One consumer said there are enough culturally appropriate activities for them to choose from.
* One consumer said the service has supported them to continue to live with their wife as they share a room.
* Of the consumers randomly sampled as part of a consumer experience interview, 88% said they are treated with respect most of the time or always and 71% said they are encouraged to do as much as they can for themselves.

The organisation has initial and ongoing assessment and planning processes which identify information about consumers’ goals and what is important to them. Staff interviewed by the Assessment Team said they have access to information to assist them to provide care in line with consumers’ needs and preference.

Consumers said they feel the organisation respects their privacy and personal information is kept confidential. Staff interviewed provided examples of how they respect and maintain consumer privacy.

However, the organisation could not demonstrate that consumers’ ability to make decisions are documented. Documentation viewed by the Assessment Team did not include information relating to consumers’ ability to be involved in their own care and to make decisions. The organisation did not adequately demonstrate that consumers are consulted about who they wish to be involved and the level of involvement in relation to decisions about their care. Management agreed that this information is not routinely discussed with consumers.

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

The Assessment Team was not satisfied that the organisation adequately demonstrated understanding and application of this requirement. The Assessment Team provided the following examples to support their recommendation:

* Six consumers and representatives interviewed are not satisfied consumers are always treated with dignity and respect.
* Consumers said their call bells are not always answered in a timely manner.
* One consumer said staff speak in their own language whilst providing care which makes them uncomfortable.
* One representative said staff are too busy to provide assistance.
* One representative said staff are task orientated.

Whilst the approved provider did not agree with the Assessment Team’s findings of not met, the approved provider’s response includes actions taken in relation to the Assessment Team’s report, including:

* Care worker competency tools were completed with 180 care staff in December 2019 and January 2020. Outcomes indicated care staff are delivering care in line with care plans.
* Interviews conducted with 100% of consumers in relation to delivery of care. Results indicated all consumers are satisfied or extremely satisfied with care provided.
* Review of December 2019 monthly call bell audit. Education and training provided to staff in relation to call bell practices and processes.
* Monitoring and observation practice tool conducted with 23 care staff and six Registered and Enrolled nurses.
* Resident resolution processes conducted with individual consumers and/or representatives highlighted in the Assessment Team’s report.

I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings.

Based on the Assessment Team’s report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the organisation is compliant with this requirement. Whilst I acknowledge the feedback provided by consumers and representatives, I find that the evidence included in the Assessment Team’s report is more relevant to Standard 7, Requirement 3(a) and I have considered this in my decision for that requirement.

For the reasons detailed above, I find that the approved provider is compliant with the requirement.

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

Care and services are culturally safe.

### Requirement 1(3)(c) Non-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.

The Assessment Team was not satisfied that the organisation adequately demonstrated understanding and application of this requirement. The Assessment Team provided the following examples to support their recommendation:

* One consumer said they would like to self-administer a medication, however, they have not been supported by staff with this request. Clinical staff interviewed in relation to the consumer’s request stated they were concerned the consumer may overdose and self-harm.
* One consumer said they would like to self-administer a medicated spray, however, staff have taken it away from them. Clinical staff interviewed said the spray was taken away as the consumer had overdosed on the medication and collapsed. An assessment dated 18 October 2019 identifies the consumer is capable of self-administration.
* One consumer said they did not know about their care plan and staff do not talk to them about it.
* Sixteen care plans viewed included primary and secondary contact details, however, there is no record of when these contacts have authority to speak on behalf of consumers.
* Management confirmed consumers and representatives are consulted through care and lifestyle processes, however, they have not identified and/or recorded at what level and when this is implemented in the care continuum for consumers.

The approved provider’s response demonstrates that they are committed to addressing the issues identified in the Assessment Team’s report and includes the following actions taken to date including:

* Staff have worked in partnership with the two consumers identified to support self-administration of medication.
* Further discussions in relation to the care plan have been conducted with the consumer identified.
* A ‘Partners in Care’ system has been implemented and conducted with 100% of consumers to identify when they would like their Partner in Care contacted.

While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find that at the time of the Site Audit the service was not effectively supporting two consumers to self-administer medications and consumers’ wishes in relation to who they wish to be involved in decisions about their care had not been captured.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

### 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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team found that consumers and representatives interviewed confirmed consumers feel like partners in the ongoing assessment and planning of their care and services. Of the consumers randomly sampled as part of a consumer experience interview, 100% of respondents said consumers have a say in their daily activities most of the time or always. The following examples were provided during interviews with the Assessment Team:

* Three consumers said they are satisfied with the care provided to them and feel that it meets their needs.
* Two consumers said staff ask for their input into their care needs.
* One consumer said they are satisfied with the care provided, staff respect their choice and support them to meet their daily needs.

The organisation was able to demonstrate initial and ongoing assessment and planning processes and consultation with consumers in relation to their goals, needs and preferences. Staff interviewed described how assessment and planning outcomes are communicated to consumers and documented in a care and service plan which is readily available to consumers and staff. Review of care and services is undertaken in partnership with consumers on a six monthly and as required basis.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 2 to ensure initial and ongoing assessment and planning is undertaken and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

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 not all consumers and representatives are satisfied consumers receive personal and clinical care that is safe, effective and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* A consumer and representative said one consumer wanders into their room and has been verbally and/or physically aggressive.
* One consumer said a referral for a Geriatrician review has been made, however, a visit has not yet occurred.
* A representative was not satisfied with management of their mother’s dentures, hearing aids or glasses.
* One representative said an order not to transfer their mother to hospital was not followed.
* In response to a consumer experience interview, 75% of respondents said they get the care they need most of the time or always.

The organisation has initial and ongoing assessment and review processes. Individualised care plans are developed for each consumer to assist staff in delivery of care and services.

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed with their comfort maximised and their dignity preserved. Following incidents, such as falls and weight loss, consumers are referred to the Medical officer, allied health professionals, Dietitians and Speech pathologist in a timely manner

However, the organisation was not able to adequately demonstrate personal and clinical care is tailored to each consumer’s needs or optimises their health and well-being, effective management of high impact or high prevalence risks, or changes in consumers’ needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

The Quality Standard is assessed as Non-compliant as three 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.

The Assessment Team was not satisfied that the organisation adequately demonstrated understanding and application of this requirement. The Assessment Team provided the following examples to support their recommendation:

* The Assessment Team noted a strong smell of urine in one consumer’s bedroom and throughout the corridor on day one of the Site Audit. The consumer’s care plan records the consumer’s preference of alternate day showers and states the consumer has a behaviour of refusing a shower.
* Progress notes outlined four incidents for one consumer which demonstrated colostomy care processes were not effectively implemented.

The approved provider’s response demonstrates that they are committed to addressing the issues identified in the Assessment Team’s report and includes the following actions taken to date including:

* Follow up with individual consumers and/or representatives identified in the Assessment Team’s report has been undertaken.
* Continence review, Medical officer review, care consultation and implementation of further strategies have been implemented for one consumer identified in the Assessment Team’s report.
* In relation to colostomy care, the consumer is mostly independent with stoma management, however, has expressed support from care staff. The consumer’s care plan has been updated to include agreed strategies, a key care worker competency tool has been developed and the Ostomy care procedure has been updated.
* Ostomy clinical competencies completed with 100% of Registered and Enrolled nursing staff. A further education session for staff currently on leave is planned for February 2020.

The approved provider’s response indicates items identified have been followed up and resolved to consumers’ satisfaction. While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find that at the time of the Site Audit the service was not effectively optimising the health and well-being of one consumer or providing effective colostomy management for another consumer.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

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

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

The Assessment Team was not satisfied that the organisation adequately demonstrated understanding and application of this requirement. The Assessment Team provided the following examples to support their recommendation:

* A consumer and representative said one consumer wanders into their room and has been verbally and/or physically aggressive.
* Documentation demonstrated the consumer continues to have ongoing challenging behaviours.
* Recommendations following a specialist review on 25 June 2019 state ‘consider referral to [behaviour management specialist] for non-pharmalogical behaviour management, if and when behaviour worsens’. This has not occurred.
* In relation to management strategies documented in the consumer’s care plan, two clinical and care staff said, “sometimes these are effective, sometimes they are not”.
* One consumer was observed with medicated cream in their bedroom which they said they apply. The consumer’s assessment does not indicate self-medication and an order for the cream was not noted in the consumer’s file.

The approved provider’s response demonstrates that they are committed to addressing the issues identified in the Assessment Team’s report and includes the following actions taken to date including:

* Resolution completed with all complainants identified in the Site Audit report with 100% stating they feel safe.
* Partnership process completed with consumer and representative in relation to behaviour management. Referral and review by an external behaviour management specialist conducted and multi-disciplinary case conference undertaken.
* Review of all incidents relating to the consumer completed.
* Dementia champions model adopted.
* Education provided for staff in relation to dementia and behaviour management strategies completed in December 2019 and January 2020.
* Partnership process completed with one consumer in relation to medicated cream and ability to self-medicate assessment completed.

While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find that at the time of the Site Audit the service was not effectively managing the behaviours of one consumer or ensuring safe medication management for another consumer.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

### 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.

The Assessment Team was not satisfied that the organisation adequately demonstrated that deterioration in consumers’ mental health or condition is recognised and responded to in a timely manner. The Assessment Team provided the following examples to support their recommendation:

* One consumer said a referral for a Geriatrician review has been made, however, a visit has not yet occurred.
* A representative was not satisfied with management of their mother’s dentures, hearing aids or glasses. The Assessment Team also noted the consumer’s loss of weight was not recognised or responded to in a timely manner.

The approved provider did not agree with the Assessment Team’s findings of not met. The approved provider’s response includes further clarification and actions taken in relation to the Assessment Team’s report. I acknowledge the approved provider’s proactive actions which include:

* One consumer has been awaiting a public health Geriatrician appointment since July 2019. Since the Site Audit, the consumer has been reviewed by a Psychiatrist. The Assessment Team’s report and the approved provider’s response demonstrates the consumer’s mental health status was recognised and responded to and is being actively managed by the Medical officer.

In relation to a consumer’s glasses, hearing aids and dentures, a care contract dated 14 October to 14 November 2019 was in place relating to glasses and hearing aids. This was reviewed in December 2019 and updated to include oral and dental care.

In relation to weight management, information in the Assessment Team’s report and the approved provider’s response demonstrates the consumer’s weight loss was recognised and responded to in a timely manner.

Based on the Assessment Team’s report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the organisation is compliant with this requirement. I acknowledge the feedback provided by the consumer and representative. However, the additional information and evidence provided in the approved provider’s response has satisfied me that me that service has recognised and responded to consumers’ deterioration of mental health or condition in a timely and appropriate manner.

For the reasons detailed above, I find that the approved provider is compliant with the requirement.

### Requirement 3(3)(e) Non-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.

The Assessment Team was not satisfied that the organisation adequately demonstrated changes in three consumers’ condition, needs and preferences were documented and communicated within the organisation, and with others where responsibility is shared. The Assessment Team provided the following examples to support their recommendation:

* One representative said an order not to transfer their mother to hospital was not followed. As a result, the consumer was transferred to hospital early on the first day of the Site Audit. The representative was not notified prior to the transfer.
* A medical officer notation in the progress notes dated 27 November 2019 notes discussion with the representative and a not for transfer request.
* A resuscitation plan dated 28 November 2019 in relation to transfer to hospital indicates to always call the family first for consent.
* The representative’s request was not available for staff reference or transferred onto the consumer’s care plan and associated documentation to alert staff.
* Management said they were waiting for the Medical officer to sign the resuscitation plan and, therefore, it was not available to staff.
* One representative said they were not notified of injuries sustained by their mother following a fall.
* Not all of a behaviour specialist’s recommendations dated 1 May 2019 for a consumer have been included on the care plan. Three staff could not describe interventions noted in the specialist’s report.

The approved provider did not agree with the Assessment Team’s findings of not met. However, the approved provider’s response includes actions taken in relation to the Assessment Team’s report:

* In relation to a request not to transfer a consumer to hospital, the approved provider states the resuscitation plan requires a Medical officer counter signature and, therefore, the care plan was not updated with the representative’s request. An apology was made to the representative.
* Whilst a representative was notified of their mother’s fall, they were not notified of the injuries sustained. An apology was made to the representative.
* The consumer’s care plan has been updated to include all specialist’s behaviour management recommendations and communicated to staff.
* Education provided for staff in relation to advanced directives and end of life care strategies completed in December 2019 and January 2020.

While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find that at the time of the Site Audit the service had not effectively communicated and/or documented the wishes of a representative resulting in a consumer being transferred to hospital or provided sufficient information to a representative in relation to injuries sustained by their mother from a fall. Additionally, not all specialist’s recommendations relating to management of a consumer’s behaviour had been documented in the care plan to assist staff to deliver effective care and services.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and 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 and representatives interviewed confirmed that they get the services and supports for daily living that are important to them and enable them to do the things they want. The following examples were provided by consumers during interviews with the Assessment Team:

* One consumer said they like to maintain their independence and feeling of well-being through daily walks and staff have arranged new equipment to support them to continue this activity.
* Four consumers said they are satisfied they would be referred to allied health services as needed.
* Three consumers said the food is “good”, “satisfactory” and “well presented”.

Consumers randomly sampled as part of a consumer experience interview provided the following responses:

* 71% said they are encouraged to do as much as possible for themselves most of the time or always.
* All consumers said they have a say in their daily activities most of the time or always.
* 63% said consumers like the food most of the time or always. Eight consumers provided a some of the time or never response to the question.

The Assessment Team found that the organisation has policies and procedures to ensure consumers get safe and effective services and supports for daily living. Information is gathered through initial and ongoing assessment process to identify each consumer’s goals related to their physical health, social relationships and psychological, spiritual and environmental aspects of care. Information gathered is used to develop individualised plans of care.

The service offers a varied menu with meals prepared onsite. Of consumers randomly sampled as part of a consumer experience interview, 37% were not satisfied with the meals provided. Comments included the serves are large, meat is not tender, they get vegetables they do not like, and the modified diet is not nice. Documentation viewed demonstrated consumers have input into the menu and feedback from consumers relating to meals is actively sought. Management said they are introducing food forum meetings to assist in improving meal services.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports that optimise consumers’ independence, health, well-being and quality of life.

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 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 found that most consumers interviewed said they feel they belong and feel safe and comfortable in the service environment. Consumers randomly sampled as part of a consumer experience interview provided the following responses to the Assessment Team:

* 63% said they feel at home at the service most of the time or always.
* 88% said they feel safe in the service environment.

The Assessment Team observed the service environment to be welcoming with suitable and well-maintained furniture and fittings. The layout of each area of the service enables consumers to move around freely and there is signage to assist with navigation. Consumers have access to outdoor areas and access to comfortable communal areas.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment that is maintained to promote consumers’ independence, function and enjoyment.

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 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Assessment Team found that most consumers and representatives felt they are encouraged and supported to give feedback and make complaints. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Five representatives said they have been provided information about feedback processes, including external avenues.

The organisation is supported by an overarching feedback and complaints framework which includes an open disclosure approach to resolve complaints. Where complaints are received, documentation viewed by the Assessment Team demonstrated these are actioned. However, 62% of respondents to a consumer experience interview said staff follow up when they raise things with them some of the time or never.

Information gathered by the Assessment Team demonstrates consumers and representatives are aware of and use both the service’s internal feedback processes and external avenues. New consumers to the service are provided information relating to internal and external feedback processes and advocacy on admission. The Assessment Team observed brochures, posters and suggestion boxes displayed and easily accessible to consumers, representatives and others.

However, the organisation could not demonstrate consistent processes to ensure complaints and feedback are consistently captured on feedback logs or reviewed and used to improve the quality of care and services.

The Quality Standard is assessed as Non-compliant as one of the four specific requirements have been assessed as Non-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 Assessment Team was not satisfied that the organisation adequately demonstrated consumers, their family, friends and others are encouraged and supported to provide feedback. The Assessment Team provided the following examples to support their recommendation:

* Two consumers and representatives said management restricts them from bringing up too many issues at meetings and say they cannot provide feedback on behalf of other consumers.
* Four consumers and representatives are not satisfied their complaints are listened to or actioned.
* The organisation did not adequately demonstrate feedback and complaints are managed effectively or consistently recorded.

The approved provider’s response demonstrates that they are committed to addressing the issues identified in the Assessment Team’s report and includes the following actions taken to date including:

* Resolution processes have been undertaken with consumers and/or representatives identified in the Site Audit report.
* Restructured Resident meetings to enable more consumers to provide their perspective.
* Updated Feedback and complaints procedure and associated documentation to include how to manage consumers providing feedback on behalf of other consumers.
* Review and update of feedback and complaints procedure to provide greater guidance on how to manage complaints and complex feedback. Additionally, direction on information to include on feedback log and how to trend data from multiple engagements has been included.
* Review and update of feedback and complaints procedure to provide greater guidance on how to manage complaints and complex feedback.

Based on the Assessment Team’s report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the organisation is compliant with this requirement. I acknowledge two consumers were not satisfied with feedback processes and note this has been addressed by the approved provider; four consumers and representatives were not satisfied with actioning of complaints, I have considered this information in my decision for Standard 6, requirement 3(c) and feedback not managed or consistently recorded, I have considered this information in my decision for Standard 6, requirement 3(d).

Based on the information in the Assessment Team’s report and approved provider’s response, I have come to the view that the organisation has demonstrated that consumers and representatives are aware of and actively participate in the service’s feedback processes.

For the reasons detailed above, I find that the approved provider is compliant with the requirement.

### 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.

The Assessment Team was not satisfied that the organisation adequately demonstrated appropriate action is taken in response to complaints. The Assessment Team provided the following examples to support their recommendation:

* Of consumers randomly sampled in relation to a consumer experience interview, 62% said staff follow up when they raise things with them some of the time or never.
* Three consumers and representatives are not satisfied their concerns have been addressed.
* Feedback received is not consistently captured on the service’s feedback log.

The approved provider’s response includes the following actions:

* The organisation provided evidence of the service working with consumers and representatives identified in the Site Audit report to resolve feedback. This continues to be ongoing.
* Resolution processes have been undertaken with consumers and/or representatives identified in the Site Audit report.
* Education provided to staff in relation to creating a positive culture for feedback, capturing feedback and open disclosure.
* Site satisfaction survey for all consumers planned to commence January 2020.
* Update of Resolving complaints work instruction and Complex feedback resources.

Based on the Assessment Team’s report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the organisation is compliant with this requirement. I acknowledge three consumers and representatives were not satisfied with feedback processes, however, the Assessment Team’s report and the approved provider’s response demonstrates the service has been and continues to work with these parties to address feedback. In relation to feedback not being consistently captured, I have considered this information in my decision for Standard 6, requirement 3(d). The information in the Assessment Team’s report demonstrates whilst feedback is not consistently documented on feedback logs, complaints are generally actioned.

For the reasons detailed above, I find the approved provider is compliant with this requirement.

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

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

The Assessment Team was not satisfied that the organisation adequately demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. I have also considered information relating to Standard 6, requirements (a) and (c) of the Site Audit report which relate to this requirement. The Assessment Team provided the following examples to support their recommendation:

* Management described a range of avenues consumers and representatives can use to provide feedback. However, management stated information gathered is not consistently recorded on the feedback register.
* Management said they do not consistently record feedback on the feedback register when issues raised are individual concerns.
* Feedback collected through Happiness, Health and Wellness check forms, Resident/representative meetings and progress notes is not consistently captured on feedback registers.
* Management said feedback provided at meetings is actioned and results discussed at the next meeting. However, the Assessment Team noted results of feedback provided and actions taken were not documented in consequent meeting minutes viewed.

The approved provider’s response includes actions taken in relation to the Assessment Team’s report:

* Reimplementation of a verbal feedback log to assist capture of all feedback.
* Review of location of feedback boxes to make them more visible.
* Education provided to staff in relation to the importance of feedback and use of verbal feedback log.
* Feedback forum planned for February 2020.
* Site satisfaction survey for all consumers planned to commence January 2020.

While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find that at the time of the Site Audit complaints and feedback were not consistently captured on feedback logs or reviewed and used to improve the quality of care and services.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

# 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 found that most consumers and representatives interviewed are satisfied consumers get quality care and services when consumers need them from people who are knowledgeable, capable and caring. The following examples were provided by consumers and/or representatives during interviews with the Assessment Team:

* Five consumers said staff are kind and caring most of the time.
* Of consumers randomly sampled for a consumer experience interview, 63% said staff know what they are doing most of the time or always.

The Assessment Team observed staff to interact with consumers in a warm, kind and respectful manner.

The organisation demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles. Staff interviewed are satisfied with orientation and support provided. The organisation has recruitment and training processes in place to ensure staff have relevant qualifications, clearances and skills to perform their roles and are provided with relevant information, such as position descriptions, policies, procedures, code of conduct, orientation and induction.

However, the organisation did not adequately demonstrate the workforce is planned to ensure the delivery of care and services to consumers or the workforce is competent and have the skills and knowledge to effectively perform their role. This was demonstrated through interviews with 20 consumers and representatives, nine of which were not satisfied with availability of staff and response to call bells and seven stating staff do not always know what they are doing. Additionally, the Assessment Team observed one consumer calling out for assistance for over 15 minutes.

The Quality Standard is assessed as Non-compliant as two 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.

The Assessment Team was not satisfied that the organisation adequately demonstrated the workforce is planned to ensure the delivery and management of safe and quality care and services. The Assessment Team provided the following examples to support their recommendation:

* Nine of 20 consumers and/or representatives were not satisfied with availability of staff to provide assistance with consumers’ care needs or responsiveness to call bells.
* The Assessment Team observed one consumer calling out for assistance for over 15 minutes.
* Resident meeting minutes from 31 May, 28 June, 26 July and 25 October 2019 included feedback from consumers and/or representatives in relation to staffing and extended call bell response times.

The approved provider did not agree with the Assessment Team’s findings of not met. However, the approved provider’s response includes actions taken in relation to the Assessment Team’s report:

* Resolution processes have been completed with consumers and/or representatives identified in the Site Audit report.
* Call bell satisfaction reports are completed on a monthly basis. December 2019 data indicates 100% satisfaction for 15 consumers.
* A high-risk resident resolution survey conducted with 12 consumers which indicated 100% satisfaction with care and services.
* Care worker competency tool completed with all care staff.

While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find that at the time of the Site Audit nine of 20 consumers and/or representatives interviewed were not satisfied with responsiveness or availability of staff. This was further evidenced by an observation by the Assessment Team of a consumer who was calling out for assistance for over 15 minutes.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

### 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) Non-compliant

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

The Assessment Team was not satisfied that the organisation adequately demonstrated the workforce is competent and have the skills and knowledge to effectively perform their role. The Assessment Team provided the following examples to support their recommendation:

* Seven of 20 consumers and/or representatives interviewed said the staff do not always know what they are doing, are task orientated and not always attentive to or aware of consumers’ needs.
* Of consumers randomly sampled as part of a consumer experience interview, 37% said staff know what they are doing only some of the time.
* Three consumers said they have to tell staff what their care needs are.
* One representative said staff do not know their mother’s care needs.

The approved provider’s response demonstrates that they are committed to addressing the issues identified in the Assessment Team’s report and includes the following actions taken to date, including:

* Resolution processes have been undertaken with consumers and/or representatives identified in the Site Audit report.
* An Education update strategy has been implemented to confirm staff knowledge and skills for both clinical and care staff. This has been completed by 100% of staff not on leave.

While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find that at the time of the Site Audit seven of 20 consumers and/or representatives interviewed were not satisfied with skills and knowledge of staff undertaking care and services for consumers.

For the reasons detailed above, I find the approved provider does not comply with this requirement.

### 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.

The Assessment Team was not satisfied that the organisation adequately demonstrated understanding and application of this requirement. The Assessment Team provided the following examples to support their recommendation:

* Management provided recent examples staff performance management processes. However, these examples were not related to issues identified by the Assessment Team through interviews with consumers and representatives, observations and documentation viewed.
* Staff practices are further monitored through observation, supervision, call bell response monitoring, feedback and clinical incidents.

Based on the Assessment Team’s report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the organisation is compliant with this requirement. I acknowledge examples provided by management were not related to issues identified by the Assessment Team. However, the Assessment Team’s report and the approved provider’s response demonstrates that the service has sufficient processes for monitoring and reviewing individual staff performance.

For the reasons detailed above, I find that the approved provider is compliant with the requirement.

# 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 found that most of the consumers interviewed felt that the organisation is well run, and they can partner in improving the delivery of care and services. The following examples were provided by consumer and representatives during interviews with the Assessment Team:

* Of consumers randomly sampled as part of a consumer experience interview, 63% said the place is well run most of the time or always.
* 88% of respondents said they feel safe at the service most of the time or always.

The organisation demonstrated that consumers are engaged with care and services through a range of avenues, including meetings, reference groups, surveys and feedback processes. Management provided examples of how consumers were involved in the current refurbishment of the service and the menu.

The organisation demonstrated that the governing body is committed to promoting consumers’ quality of life, promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. There are systems in place to ensure the safety of consumers and key deliverables are reported to the executive team and the Board.

The organisation demonstrated that a clinical governance framework is in place, including antimicrobial stewardship and open disclosure and there are established restraint-free policies and procedures.

While the organisation demonstrated effective governance systems with respect to information management, continuous improvement, feedback and complaints, financial governance and workforce governance, the organisation did not adequately demonstrate effective governance systems in relation to regulatory compliance in respect to ensuring all incidents of physical abuse are documented on consolidated log in line with legislative requirements.

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) Non-compliant

Effective organisation wide governance systems relating to the following:

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

The Assessment Team was not satisfied that the organisation adequately demonstrated effective governance systems in relation to information management, continuous improvement, regulatory compliance and feedback and complaints.

The Assessment Team provided the following examples to support their recommendation in relation to regulatory compliance:

* Eight consumer incidents were not recorded on the service’s critical incident and/or mandatory reporting registers.
* The name of the alleged victim is not consistently documented on incident reports or mandatory reporting registers.
* Management advised they were unaware the incidents had not been recorded in the mandatory reporting registers.

The approved provider’s response includes the following actions:

* Resolution processes have occurred with consumers and/or representatives identified in the Assessment Team’s report.
* Incidents outlined in the Assessment Team’s report have been followed up.
* Update of the Reportable assault procedure to state requirement to define name of the victim on the critical incident register.
* Education for registered and enrolled staff in relation to compulsory reporting requirements completed.

While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find that at the time of the Site Audit not all reportable assault incidents were being logged on the mandatory register in line with legislative requirements. I find the Assessment Team’s report includes sufficient information relating to the organisation’s mandatory reporting processes to support a not met recommendation for this requirement.

The Assessment Team provided the following examples to support their recommendation in relation to information management:

* Two consumers and representatives said they are not allowed to speak at Resident meetings or advocate on behalf of other consumers.
* Four consumers said they are not consulted about their care and choices or care plans.
* The organisation could not demonstrate consistent discussion and/or consultation with consumers who have capacity to make decisions during the care review process.

I acknowledge feedback from consumers and representatives in relation to providing feedback and have considered this information in my decision for Standard 6, requirement 3(a); in relation to not being consulted about care and choices and consultation with consumers who have capacity to make decisions, I have considered this information in my decision for Standard 1, requirement 3(c). Based on the information in the Assessment Team’s report and the approved provider’s response, the organisation has demonstrated that there are adequate information management systems and processes in place.

The Assessment Team provided the following examples to support their recommendation in relation to continuous improvement:

* Consumers and representatives are not always encouraged to provide feedback.
* The organisation was unaware of issues raised by consumers and/or representatives during the Site Audit.
* The organisation could not provide examples of continuous improvement as a result of consumer input.

I acknowledge feedback from consumers and representatives in relation providing feedback and have considered this information in my decision for Standard 6, requirement 3(a). The Assessment Team’s report includes examples of improvement as a result of consumer feedback provided by management. Additionally, the report states the service has a continuous improvement plan which includes improvement initiatives. Based on the Assessment Team’s report and the approved provider’s response, find that the organisation has demonstrated there are sufficient systems and processes in place in relation continuous improvement.

The Assessment Team provided the following examples to support their recommendation in relation to feedback and complaints:

* Not all consumers and representatives said they are supported or encouraged to provide feedback and verbal feedback to staff is not always addressed.
* Feedback is not systematically captured on the service’s feedback log and, therefore, evaluation and identification of trends is not recognised.

I acknowledge feedback from consumers and representatives in relation providing feedback and have considered this information in my decision for Standard 6, requirement 3(a). In relation to capturing feedback on the feedback log, I have considered this information in my decision for Standard 6, requirement 3(d). Based on the information in the Assessment Team’s report and the approved provider’s response, I find that the organisation has sufficient feedback and complaints systems and processes in place.

For the reasons detailed above, I find that the approved provider is non-compliant with the requirement.

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

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

The Assessment Team was not satisfied that the organisation adequately demonstrated they ensure the safety of consumers and staff from risk of physical harm from a consumer with ongoing physical behaviours towards others. Additionally, the organisation could not demonstrate they respond to all abuse of consumers. The Assessment Team provided the following examples to support their recommendation:

* Two consumers said whilst they feel safe at the service most of the time, a consumer wanders into their room and can become physically aggressive.
* Not all physical abuse by a consumer has been logged onto the service’s discretion not to report log.

Based on the Assessment Team’s report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the organisation is compliant with this requirement. I acknowledge that two consumers do not always feel safe at the service due to one consumer’s ongoing behaviours and have considered this information in my decision for Standard 3, requirement 3(b). Whilst not all incidents of physical abuse have been logged on the discretion not to report log, there is no information in the Assessment Team’s report to suggest these incidents have not been addressed in line the organisation’s incident management processes. Based on the information in the Assessment Team’s report and the approved provider’s response, I find that the organisation has adequate risk management systems and processes in place.

For the reasons detailed above, I find that the approved provider is compliant with the requirement.

### 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.

Requirement 1(3)(c)
The organisation to continue to develop and monitor processes to identify and support consumers to exercise choice and independence in relation to their care and services.

Requirement 3(3)(a)
The organisation to continue to work with consumers and/or representatives to ensure safe and effective personal and clinical care is maintained and monitored.

Requirement 3(3)(b)
The organisation to continue with monitor processes and consult with consumers and/or representatives to ensure effective management of high impact or high prevalence risks associated with the care of consumers are managed.

Requirement 3(3)(e)
The organisation to monitor processes to ensure information about consumers’ condition, needs and preferences is documented and communicated in a timely manner within the organisation and with others where responsibility is shared.

Requirement 6(3)(d)
The organisation to continue to develop and monitor processes to ensure feedback and complaints are reviewed and used to improve quality of care and services.

Requirement 7(3)(a)
The organisation to continue to monitor and work with consumers and/or representatives to ensure the number and mix of the workforce enables the delivery and management of safe and quality care and services.

Requirement 7(3)(c)
The organisation to monitor and work with consumers and/or representatives to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles.

Requirement 8(3)(c)
The organisation to develop and monitor mandatory reporting processes to ensure incidents are recorded in line with legislative requirements and organisational policy.