Piper House

Performance Report

4 Lindsay Evans Place
DAPTO NSW 2530
Phone number: 02 4255 7601

**Commission ID:** 2669

**Provider name:** Anglican Community Services

**Site Audit date:** 14 February 2022 to 16 February 2022

**Date of Performance Report:** 13 April 2022

# Performance report prepared by

Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **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) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 30 March 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives expressed that consumers were treated with dignity and respect. Staff demonstrated a shared understanding of the backgrounds of consumers and could describe how they enabled and supported their lifestyle choices. A review of care planning documentation demonstrated the service had captured information relating to the consumer’s identity, culture and diversity. The Assessment Team observed staff interacting with consumers and representatives in a dignified and respectful manner.

Consumers and their representatives indicated the care and services provided to consumers were culturally safe. Care planning documentation evidenced the service had captured information regarding consumers’ religious, spiritual and cultural needs. Staff demonstrated a shared understanding of the cultural and personal preferences of consumers. The Assessment Team observed the service’s chaplain leading a church service and engaging with consumers to provide emotional and spiritual support.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. The Assessment Team’s review of the minutes from the food and exercise groups and consumer and representative meetings indicated that consumers had the opportunity to participate in decision making and could exercise choice and independence. Staff were able to describe the way consumer care is guided by the consumer’s choices and decisions.

Care planning documentation evidenced the completion of risk assessments in consultation with allied health professionals and consumers. Consumers and representatives confirmed they were supported to take risks to enable them to live they best life they can. Staff demonstrated an awareness of activities that included an element of risk to consumers.

Consumers and representatives indicated they received information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice and control. Representatives expressed positive feedback regarding the communication received from management during the COVID-19 outbreak and visitation restrictions. Staff were able to describe how they communicated with and assisted consumers with cognitive impairments or difficulty communicating. The Assessment Team observed menu choices and lifestyle calendars on display within the service’s dining rooms and consumers’ rooms.

The service demonstrated that the privacy of consumers’ is respected, and personal information is kept confidential. Consumers felt that their privacy was respected, and personal information kept confidential. Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering and securely storing care planning documentation. The Assessment Team observed the staff handbook and resident information book to emphasise privacy and confidentiality.

## 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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found the service did not meet Requirement 2(3)(a) regarding assessment and planning, including the consideration of risks to the consumer’s health and well-being. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response and found the service compliant. I have provided reasons for my finding in the relevant requirement below.

Care planning documentation evidenced that consumers and representatives were consulted throughout assessment and care planning, including advanced care and end of life planning. Consumers and representatives confirmed the service had discussed end of life planning with them and stated they felt comfortable to approach staff or management to discuss further. Staff advised the service attempts to discuss end of life plans upon entry to the service, however some consumers and representatives preferred to defer these conversations, and staff respected their choice. Staff were guided by organisational policies and guidelines on processes to support palliative care and advance care planning which directs a collaborative and holistic approach to assessment and care planning for end of life.

Care planning documentation demonstrated that consumers and representatives were consulted throughout assessment and care planning, and when required, input sought from external health professionals. Consumers and representatives expressed they were involved in the assessment and care planning process and said staff regularly communicate with them. Staff described how assessment and planning was undertaken by Registered Nurses (RN) in partnership with consumers and representatives and how medical officers and other specialists were included.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and able to be accessed in consumer care plans upon request. Staff advised that the service communicated outcomes of assessment and planning to representatives through meetings at the service, phone calls and electronic communications.

Care planning documentation confirmed that care plans were reviewed on a regular basis, when consumer circumstances changed, or incidents occurred. Consumers and representatives confirmed that care plans were regularly reviewed, and staff consistently kept them updated.

## 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.*

The Assessment Team identified that care planning documentation was not consistently completed and did not accurately reflect the clinical and health risks for consumers. I have considered this feedback in conjunction with feedback across several other Standards and the Approved Provider’s response to this Requirement and have come to a different decision to the Assessment Team’s recommendation.

The Assessment Team brought forward evidence under this requirement, summarised below:

* Consumers subject to mechanical restraint and environmental restraint did not have required written authorisation and Behaviour Support Plans (BSP) in place. The clinical management team advised they were in the process of obtaining written consent for these consumers.
* One named consumer’s skin integrity assessment did not accurately reflect the consumer’s current needs for wound care treatment nor did the assessment indicate how staff were monitoring the consumer’s skin care needs.
* For a named consumer, their dignity of risk form for monitoring their fluid intake was not completed. The clinical management team were in agreement with the consumer to allow for self-monitoring of their fluid intake to keep the consumer engaged in their own healthcare. The service further advised that the consumer is often forgetful and does not consistently monitor their fluid intake. The clinical management team could not explain the ways they monitor the consumer’s self-monitoring.

The Approved Provider’s written response, of 30 March 2022, included additional information regarding the issues identified by the Assessment Team through their observations, the provider outlined that in relation to:

* Mechanical restraints; the Site Audit commenced on the first day in which consumers moved into the new Piper House facility. At this time, BSPs were in the format used at the previous facility, and the Care Manager was in the process of reviewing and updating the BSPs. The Approved Provider confirmed that verbal consent was obtained from all residents or representatives responsible to authorise the use of mechanical restraint in the week prior to residents moving into the new facility. The Approved Provider further noted that the Assessment Team sighted evidence of the original restraint authorisation forms at the time of the Site Audit and verbalised compliance regarding the documented reasons for use, alternatives and mitigation strategies in the original format.
* In relation to the named consumer with an inaccurate skin integrity assessment; due to technical issues, the wound chart photos taken on 21 January, 29 January and 13 February 2022 were unable to be uploaded, however this has since been rectified. A skin integrity assessment was completed on 29 January and 5 March 2022, which outlines an accurate reflection of the consumer’s wound care needs.
* The named consumer with an incomplete dignity of risk form; a risk consultation form was discussed with and signed by the consumer on 15 February 2022. In addition, a nutrition and hydration assessment from was completed, which outlined the consumer’s preferences for fluid intake. Staff are continuing to monitor the consumer’s weight.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge there have been deficits in the assessment and planning processes within the service and this would be a departure from best practice, I am satisfied there has been no adverse impact on consumers as a result of these deficits as demonstrated by the Approved Provider’s response. Therefore, I find the service 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) 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 Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

Consumers stated they were satisfied that their needs and preferences were documented and communicated with relevant parties, and that staff have a consistent understanding of their needs. The Assessment Team observed the service’s shift handover and staff communicating changes to consumer’s condition and needs.

Consumers and representatives confirmed the consumer’s end-of-life wishes were discussed with them and were confident the service would support their needs and preferences. Care planning documentation for a recently deceased consumer evidenced the inclusion of an advance care directive, pain and pressure care management and progress notes showing that the consumer was comfortable in their final days. Staff indicated that the consumers who were deteriorating or palliating are reviewed by an external palliation clinical nurse and clinical staff on a fortnightly basis.

Care documents reviewed by the Assessment Team demonstrated that deterioration or changes in a consumer’s health was recognised and responded to in a timely manner and consumer's condition, needs and preferences shared appropriately with others where responsibility of care is shared. Consumers and representatives were satisfied with the timeliness in response by the service to the changing needs of consumers.

Care planning documentation evidenced that timely referrals are made to medical officers, allied health therapist and hospitals, and their input is sought to inform the delivery of safe and effective care for consumers. The Assessment Team noted the service had policies and procedures outlining the referral of consumers to external health services. Management and staff explained that referrals were made in consultation with consumers, representatives, allied health professionals and medical officers.

The service had processes and policies in place to promote antimicrobial stewardship and to prevent and control infection. Consumers noted staff were consistently using Personal Protective Equipment (PPE) and staff offer consumers their own PPE when leaving the service. Staff confirmed they had received training in antimicrobial stewardship and infection minimisation strategies, including hand hygiene, PPE usage, cough etiquette and cleaning processes. The Assessment Team observed staff enforcing infection control protocols for visitors upon entry to the service, in alignment with organisational policy.

However, the Assessment Team found the service did not meet demonstrate the delivery of safe and effective care for each consumer, nor effectively manage the high impact or high prevalence risks associated with the care of each consumer, I have explored this further under the relevant requirements.

### 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 brought forward evidence that the service was unable to demonstrate each consumer received safe and effective clinical care that was best practice, tailored to their needs and optimised their health and well-being. The Assessment Team noted several instances of consumers receiving skin management care which did not align with best practice and restraint usage that was ineffective and not tailored to the needs of consumers. Summarised relevant evidence relating to skin management care and restrictive practices for consumers included:

* A named consumer that required specialised footwear as indicated by their skin care assessment, however the Assessment Team observed the consumer to not be wearing the item.
* Three named consumers with wound charts that contained information inconsistent with their current clinical care needs. The wound photos of two of these consumers were taken without visible measurements to provide a scale as to the size of the wound. In addition, one consumer’s care directives for pressure injury management was not in line with best practice, as determined by management. When management were informed of these issues by the Assessment, immediate action was taken to review the care planning documentation of these consumers to ensure consistency and best practice care needs.
* Management had initially indicated to the Assessment Team there were five consumers subject to mechanical restraint and three consumers subject to environmental restraint, however were unable to provide the appropriate consent and authorisation forms for these consumers. Further consumers subject to restrictive practices were later identified by the Assessment Team. Management further advised they had obtained verbal consent from representatives and was in the process of gathering written consent.
* A named consumer observed by the Assessment Team to be subject to a mechanical restraint. The Assessment Team queried the restraint usage with management and they had informed that the consumer had previously given authorisation for the use of the restraint, however the authorisation has since lapsed and were unsure why the restraint was still in use. Management took immediate action to remove the restraint.
* The Assessment Team identified nine consumers subject to various mechanical restraints, five of these consumers were initially outlined by the service, and another four were later identified by the Assessment Team. All these consumers did not have the required BSPs and authorisations in place.
* A review of the psychotropic register identified a consumer who may potentially be chemically restrained. A review of care planning documentation indicated this consumer did not have a BSP or relevant authorisations in place. Management took action to organise a medication review by a pharmacist and medical officer to assess the usage of the medication.

The Approved Provider’s written response of 30 March 2022 included additional information regarding the issues identified by the Assessment Team. The Approved Provider outlined that in relation to:

* The named consumer that required specialised footwear; at the time of Site Audit, the consumer’s wound had healed and the consumer had chosen not to wear the specialised footwear anymore. A skin integrity assessment was completed on 24 March 2022 to reflect this information.
* The three consumers with inconsistent information on their wound charts; following the Site Audit, five clinical staff completed additional training provided by the Clinical Development and Infection Control Prevention Lead. The training covered a variety of topics to ensure consistent documentation practices, accurate photography of wounds and best practice clinical care.
* The nine consumers subject to mechanical restraint; as previously outlined under Requirement 2(3)(a), the service was in the process of transitioning to the new facility and the Care Manager had not yet updated the relevant BSPs. The service has since completed all BSP’s and restraint authorisation forms.
* The consumer observed to be subject to a mechanical restraint; following the Site Audit, the service held further discussion with the consumer regarding the usage of the restraint for safety purposes. The consumer did not provide consent for the continued use of the restraint and it was subsequently removed.
* The consumer subject to chemical restraint; following the Site Audit, a BSP has been completed indicating the prescription of psychotropic medication.

I have considered the information presented by the Assessment Team and the Approved Provider. Whilst I acknowledge the immediate action taken by the Approved Provider to address the issues surrounding skin care management and restrictive practices, at the time of the Site Audit, the service did not demonstrate that each consumer received safe and effective clinical and personal care that is best practice, tailored to their needs and optimised their health and well-being. I therefore find this requirement Non-compliant.

###  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 brought forward evidence that indicated the service was unable to demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team identified three consumers who required additional care and monitoring due to a decline in oxygen saturation levels, which did not occur, lack of fluid intake monitoring for a consumer, and deficits in the safe storage of certain medication. Summarised relevant evidence relating to these issues include:

* + - * A named consumer’s vital observations chart from 24 January to 26 January 2022 demonstrated oxygen saturation levels dropping from 91% to 87%. Within the progress notes, the RN had recorded that vital and neurological observations were in range. There is no further actions or observations by staff regarding this in progress notes and care planning documentation.
			* A named consumer’s vital observation chart from 21 January to 23 January 2022 demonstrated a drop in oxygen saturation levels from 94% to 86%. The progress notes written at the time do not have mention of this drop and any further staff action.
			* A named consumer experienced a fall on 15 February 2022. This fall was reviewed by the Assessment Team who noted a drop in oxygen saturation levels to 81%, there was no mention in the progress notes regarding the decline in oxygen saturation. Care staff were unaware of this when the Assessment Team brought this to their attention. It should be further noted that during the Site Audit, the clinical management team advised that in the event of a consumer’s oxygen saturation levels dropping below 95%, a RN should be made aware by care staff and further monitoring and re-testing of oxygen levels should occur.
			* A named consumer’s fluid monitoring chart is not consistently recorded by staff.
			* Certain medications that required to be stored separately within the facility and kept securely when staff conduct their medication rounds, was observed by the Assessment Team to not consistently occur.

Within the Approved Provider’s written response, included additional information regarding the issues identified by the Assessment Team. The Approved Provider has outlined that in relation to:

* The three named consumers that experienced a decrease in oxygen saturation levels; the Approved Provider has advised that on the job coaching regarding oxygen saturation has since been completed by all staff.
* The named consumer with inconsistent fluid monitoring; as previously discussed under Requirement 2(3)(a), a risk consultation form was discussed with, and signed by the consumer on 15 February 2022. In addition, a nutrition and hydration assessment from was completed, which outlines the consumer’s preferences for fluid intake. Staff were continuing to monitor the consumer’s weight.
* The separate and secure storage of medication; the Approved Provider confirmed that these medications are now kept separately and that one-on-one training had occurred with the relevant staff that conducts medication rounds within the service to ensure correct procedure is followed and the medication is trolley is locked.

I have considered the information presented by the Assessment Team and the Approved Provider. Whilst I acknowledge the immediate action taken by the Approved Provider to address the issues identified by the Assessment Team, at the time of the Site Audit, the service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. I therefore find this requirement Non-compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and representatives felt that consumers received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Staff demonstrated a clear understanding of the needs, goals and preferences of consumers; this information was consistent with care planning documentation. The Assessment Team observed lifestyle staff encouraging consumers to participate in activities and the occurrence of group activities within the service.

Consumers and representatives expressed the service provided support for daily living to promote the emotional, spiritual and psychological well-being for each consumer through various activities, such as, access to faith leaders, assistance to contact family members and support to access activities of interest. Care planning documentation included information and strategies to support the emotional, spiritual and psychological well-being of consumers. Staff demonstrated a shared understanding of the support preferences of consumers and how to support their health and well-being.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. The Assessment Team observed consumers spending time together in communal areas and the activity calendar on display within the service. Consumers described the activities that consumers enjoy and how the service assists to facilitate and organise these activities.

Consumers and representatives reported that information about their daily living choices and preferences was effectively communicated throughout the service, and staff understood their needs and preferences. Care planning documentation provided detailed information regarding the consumer’s needs and preferences and the strategies in place to support the delivery of safe and effective care. Staff described how the needs and preferences were documented, updated and communicated throughout the service to ensure consistency of care. The Assessment Team observed a shift handover and noted staff were advised of any relevant information related to services and supports of consumers.

Staff demonstrated a shared understanding of the external supports utilised by consumers and could identify the supports and external organisations available to consumers if required. The Assessment Team noted the service had organisational procedures in place to support the referral process to external organisations and individuals.

Consumers and representatives mostly expressed positive feedback regarding the quality and quantity of the meals provided by the service. A consumer indicated they were dissatisfied with the quality of the food and stated that they have to remind staff of their food allergies. This feedback was provided to the consumer’s representative and kitchen staff, the representative did not express serious concerns about the consumer’s health and kitchen staff were able to identify were allergy information was kept. Care planning documentation evidenced consumer dietary requirments and preferences is captured and available to staff. Staff demonstrated a shared understanding of consumer’s dietary requirements and explained that general feedback from consumers influenced future meal options.

The Assessment Team observed that where equipment was provided, it was safe, suitable, clean and well maintained and that staff undertook ongoing monitoring to ensure equipment was fit for purpose. Staff reported equipment was regularly sanitised and well maintained. Consumers outlined they have access to all their equipment needs and the service is safe, clean and well maintained.

## Assessment of Standard 4 Requirements

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

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

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

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

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

*Services and supports for daily living assist each consumer to:*

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers and representatives found the service welcoming, easy to navigate and described the service as their ‘home’. Staff advised that signage was utilised throughout the service to assist consumers with a cognitive impairment navigate within the service. The Assessment Team observed consumer rooms to be clean and personalised to include their own decorations. Management advised of their intent to construct an outdoor area for consumers to utilise for their gardening hobbies.

The Assessment Team observed the service to be safe, clean, well maintained and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. Staff indicated there is a reactive and preventative maintenance processes in place and any issues that directly affect consumers and assessed and remedied immediately. Most consumers expressed they can move freely within and outside of the service. A named consumer indicated they cannot exit the facility independently, this feedback was brought up with management and indicated due to behavioural concerns, this consumer is accompanied by staff when leaving the facility.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. Maintenance staff advised that mobility equipment is managed through the preventative maintenance program and was monitored regularly by staff to ensure safe and effective usage. A review of the preventative maintenance schedule by the Assessment Team evidenced the regular maintenance of equipment and furnishings. Consumers expressed that furniture, fittings and equipment was safe, clean and well-maintained.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and representatives felt they were encouraged and supported to provide feedback and make complaints. Staff reported they encouraged consumers to fill out feedback forms, which was consistent with consumer feedback and a review of minutes from staff meetings. The Assessment Team observed a consumer making a complaint regarding the temperature of the water in their room, staff were later observed reporting back to the consumer that the issue had been resolved and logged with maintenance staff.

Consumers and representatives confirmed were aware they had access to advocates and other methods for raising complaints. Staff demonstrated a shared understanding of the processes to access interpreter and advocacy services on behalf of consumers. The Assessment Team observed posters for advocacy and language services on display and brochures available within the service’s recreation area.

The service demonstrated appropriate action was taken in response to complaints and open disclosure process used when things go wrong. Consumers and representatives expressed satisfaction with the service’s response to complaints and were confident that any issues they identify in the future would be resolved by the service. Staff provided examples of instances where open disclosure had been utilised and demonstrated a shared understanding of the open disclosure principles. A further example provided by management outlined the service’s response to a complaint provided by a consumer’s representative and evidenced that appropriate and timely actions were taken to rectify the issue and the practice of open disclosure was applied.

A review of the minutes from consumer and representative meetings by the Assessment Team outlined complaints and feedback were identified alongside the next steps to resolve the issues. Staff were able to describe how consumer feedback regarding activities had shaped the way these services are delivered. A named consumer provided an example of feedback they have raised had led to process changes within the service.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found the service did not meet Requirement 7(3)(c) regarding the competency of the members of the workforce to effectively perform their roles. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response and found the service compliant. I have provided reasons for the finding in the relevant requirement below.

Consumers and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Staff indicated they felt comfortable to ask other staff members or management for support when required. The Assessment Team reviewed the fortnightly staffing roster and found that all shifts were covered during this time. A review of call ball and sensor mat data evidenced an average response time of three minutes and forty-five seconds.

The Assessment Team observed staff interact with consumers in a kind, caring and respectful manner. Consumers and representatives valued their relationships with staff confirmed that workforce interactions were kind and respectful.

The service was able to demonstrate how the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Staff confirmed they received the necessary training and education to effectively perform their roles. Management advised the governing body of the organisation provided scholarships to staff to pursue further education. Consumers and representatives expressed confidence with the abilities of staff to perform their duties and provide care. A review of training logs by the Assessment Team evidenced that staff receive regular training on a variety of topics relevant to aged care.

Staff advised they receive an annual review to assess their performance and were comfortable to raise any issues to management. The Assessment Team observed the annual reviews included a self-assessment of the individual’s performance and an outline of their future goals and training needs. It was noted by the Assessment Team that annual performance reviews were not up to date for all staff, management advised this was due to the increased workload resulting from COVID-19 as well as staff movement between roles and their requests to delay their reviews until they have suitable experience and understanding of their new roles.

## 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.*

The Assessment Team found the service did not demonstrate that members of the workforce had the qualifications and knowledge to effectively perform their roles. I have considered this feedback in conjunction with feedback across Standards 3 and 4 and the Approved Provider’s response to this requirement and have come to a different decision to the Assessment Team’s recommendation.

The Assessment Team identified knowledge gaps relating to the competency of staff regarding wound management, assessment of high impact risks and the usage of restrictive practices. These examples, and the Approved Provider’s response to these matters were discussed comprehensively throughout Requirements 2(3)(a), 3(3)(a) and 3(3)(b). The Assessment team also provided evidence of consumers and representatives speaking positively about the level of knowledge amongst staff and examples of staff competently performing their roles.

The Approved Provider’s response recognised that areas for improvements had been identified and outlined the immediate actions the service has already taken, as well as their planned actions to address the issues identified by the Assessment Team.

Whilst I acknowledge there have been knowledge gaps in staff, these examples alone were not sufficient to indicate significant deficits in the competence of the workforce. Therefore, I find the service Compliant 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.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services and were supported in that engagement. For example, consumers and representatives were kept updated with the recent move into the service’s new building and were contacted prior to the move to discuss their desired involvement with the move. Management advised that regular meetings occurred between consumers and senior management to ascertain any feedback regarding the governance of the organisation. At the time of the Site Audit a group of consumers were travelling to Canberra to engage in political discussions regarding aged care.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and is accountable for their delivery through their regular engagement with staff, consumers and representatives. The Board were able to provide examples of changes they had made to promote the quality of care provided, such as the implementation of a pain recognition software to assist consumers to identify and score their pain as well as the purchase of additional tablets to support communication between consumers and their families during the recent COVID-19 lockdowns.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Management advised that the consumer’s risk profile was reviewed weekly by clinical staff to mitigate any care issues. Staff were able to provide examples of potential Serious Incident Response Scheme (SIRS) incidents as well as the reporting process they would follow.

The service was able to demonstrate a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of the open disclosure principles and provided examples of how they kept consumers and representatives informed of any changes relating to an adverse event. The application of the antimicrobial stewardship policy involves ensuring fluids are encouraged, ensuring pathology results are available prior to commencing antibiotics and undertaking monitoring when consumers are prescribed antibiotics.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – The service ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being.
* Requirement 3(3)(b) – The service ensures the effective management of high impact or high prevalence risks associated with the care of each consumer.