Regis Greenbank

Performance Report

271 Middle Road
GREENBANK QLD 4124
Phone number: 07 3800 3000

**Commission ID:** 5218

**Provider name:** Retirement Care Australia (Logan) Pty Limited

**Site Audit date:** 6 July 2021 to 9 July 2021

**Date of Performance Report:** 12 August 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 3 August 2021.
* Other relevant matter held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives said consumers were treated respectfully by staff and they experienced positive interactions during the provision of care and other services. They advised staff respected their cultural needs and supported consumers to express their individuality without judgement. Consumers and representatives confirmed consumers were supported to exercise choice, maintain relationships with people who were important to them and to take risks to live the life they choose.

Consumers and representatives said they were provided with enough information about the service which was accessible through activity calendars, daily conversations, electronic mail, telephone calls, consumer meetings and the service’s monthly newsletter. They confirmed the service respected their personal privacy and kept their personal information confidential unless consent was provided by the consumer.

Staff were respectful towards consumers and had a shared understanding of their personal circumstances, needs and preferences. Care staff were aware of how consumers’ cultural needs influenced care and service delivery. Staff had a shared understanding of the people most important to consumers and how they could be supported to maintain relationships with family, partners/significant others and friends through video calls, phone calls and window visits which were facilitated when visitor restrictions were imposed during COVID-19 outbreaks.

Staff advised consumers were supported to take risks however, the risks and associated strategies to possibly reduce the risks were considered and discussed with consumers and representative. benefits and possible harm of risks and strategies to reduce risks where possible.

Staff said they took the time to ensure consumers who experienced difficulties communicating or had a cognitive impairment understood information regarding their care and services. Staff confirmed personal care planning documentation was stored securely and consumers’ privacy respected.

Care documentation reflected the diversity of consumers including information regarding consumers’ background, identity and cultural practices. Staff had access to diversity and cultural resources to support the delivery of culturally safe care. The service was guided by organisational guidelines regarding treating consumers with dignity and respect, supporting consumers to take risks and privacy and confidentiality including the collection and sharing or personal information. Staff were provided with education regarding consumer dignity and choice and risk management.

The organisation had policies in relation to risk management processes, privacy and confidentiality, treating consumers with dignity and respect and respecting and acknowledging consumers’ cultural, social and religious backgrounds.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

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

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

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

# STANDARD 2 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

Consumers and representatives expressed confidence in the services’ assessment and planning processes. Most consumers and representatives said they were involved in assessment and planning processes and could describe how people important to them were involved in discussions regarding their care. They were aware of what was in consumer’s care documentation, and said they felt confident to discuss this information with registered staff and management. Consumers and representatives confirmed their care and services were reviewed regularly or when their care needs changed.

Assessment and care planning information was individualised and completed by Registered nurses in consultation with consumers and representatives. Care documentation recorded risks specific to consumers including, but not limited to, falls, pressure injuries and restrictive practices. Assessment and planning effectively identified consumers’ needs goals and preferences including their end of life wishes.

Care documentation reflected the involvement of others in assessment and planning including, but not limited to, Medical officers, physiotherapists, dietitians, wound specialists, lifestyle officers and podiatrists. Care planning and assessment information was reviewed regularly, when consumers’ needs changed or when incidents occurred.

Staff had a shared understanding regarding the relevant risks to the health and well-being of individual consumers. Management advised the organisation had implemented a new review process which includes care planning consultations with consumers and representatives each month. Staff advised end of life planning discussions were broached on entry to the service if the consumer agreed and were reviewed every three months. Management advised the service could access the Comprehensive Aged Residents Emergency Partners in Assessment Care and Treatment team and a nurse practitioner for additional clinical support when required.

Staff and health professionals could access assessment and care planning information on the services’ electronic care management system. Registered staff confirmed the care needs of consumers were reviewed through wellness checks each month, care plan reviews every three months or more frequently if changes in consumers’ care needs were identified or incidents had occurred.

Consumers’ care planning and assessment information monitored and reviewed each day by the Clinical care manager. The organisation had policies and procedures regarding assessment, planning and review processes, communication including referral processes and clinical deterioration.

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 COMPLIANT Personal 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

Most consumers and representatives said consumers were receiving care that was safe and right for them which met their needs and preferences. They said consumers needs were communicated between staff, however some consumers raised concerns regarding delays experienced with their care. Consumers and representatives said consumers had access to other health professional if required. Consumers and representatives did not raise any concerns in relation to the service’s management of COVID-19 precautions and infection control practices.

Staff could describe how they ensured personal and clinical care was best practice, their opportunities for continuing education and how they ensured information was shared both within the organisation and with others outside the organisation. Staff had a shared understanding of the precautions required to prevent and control infections and the steps they could take to minimise the need for antibiotics. Staff identified the highest prevalence risks for individual consumers, for example falls, pressure injuries, challenging behaviours and swallowing issues.

Care planning documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The service had a suite of policies, procedures and tools in place to support the delivery of care provided, for example in relation to restraint, pressure injury prevention, wound management, end of life care, pain management and clinical deterioration. The service had implemented policies and procedures related to antimicrobial stewardship, infection control and outbreak management to guide staff. Staff confirmed they have received training in infection minimisation strategies including infection control, and antimicrobial stewardship. Practices were in place that demonstrated that the service had planned and is prepared for a potential outbreak.

All incidents including, but not limited to, physical aggression, inappropriate behaviours, falls, or infections were recorded in the service’s incident management system.

The service had systems and processes to monitor care delivery including quality audits, daily reviews of incidents and care information and staff training to support best practice.

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

### Assessment of Standard 3 Requirements

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

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

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

Most consumers and representatives said consumers were receiving care that was safe and right for them.

Assessment and care planning process ensured consumers’ needs, goals and preferences were documented to guide staff with the delivery of care and included individualised strategies to minimise risk and incidents occurring.

Staff confirmed they had access to organisational policies The Clinical care managers reviewed progress notes and wound care documentation each day to ensure staff were following directives and to identify a potential change in consumer needs.

Wounds were monitored, managed and reviewed appropriately and strategies were in place to protect consumer’s skin integrity. Care staff ensured pressure area care was implemented including, repositioning, emollient creams, hygiene care and monitoring pressure relieving equipment.

Consumers who were subjected to restrictive practices were assessed, monitored and reviewed appropriately. Care information reflected authorisations from Medical officers and representatives had been completed. Management and registered staff had a shared understanding of principles in relation to the minimisation of restrictive practices.

Pain assessments were reviewed regularly and following incidents including falls and incidents of aggression. The organisation’s pain management guidelines included information including specialised tools and strategies for the assessment of consumers who cannot verbalise pain or who were cognitively impaired.

The organisation had a suite of documented policies and procedures to support the delivery of safe and effective care including, but not limited to, minimising the use of restraint, clinical assessment, clinical communication, palliative care, wound management, assessment and clinical documentation. Staff confirmed they had access to policies and the service’s suite of evidence-based assessment tools.

The service implemented improvements in response to deficiencies identified during the previous Assessment Contact which occurred 13 to 15 April 2021. Deficiencies identified included ineffective strategies for the management of consumers’ challenging behaviours and their psychological well-being.

The approved provider in its written response included actions implemented to address deficiencies identified in relation to the management of two named consumers with wandering behaviours and suicidal thoughts. These actions included reassessment of the two named consumers; the review of all consumers with identified risks, the completion of relevant risk ratings in accordance with the organisation’s policy and staff education regarding the service’s risk rating system and the effective management for consumers with challenging behaviours.

In relation to the named consumer who displayed wandering behaviours, the service ensured care plan information reflected recommendations provided by Dementia Services Australia. Further to this, the service, in consultation with the consumer’s representative, provided the named consumer with a monitoring watch and installed proximity sensors to alert staff when the named consumer exits the service to ensure his safety.

Several external support services were accessed for the other named consumer who experienced suicidal thoughts. The approved provider in its response, provided evidence to demonstrate the engagement of these services and the service’s lifestyle team who reassessed their lifestyle preferences and encouraged participation in individual and group activities. Care plan consultation records reflect the named consumers’ preferences which excluded participation in group activities and included maintaining current routines of watching television and socialising with another consumer at the service.

I have considered the Assessment Team’s information and the approved provider’s written response and I am satisfied the service has implemented improvements to address the deficiencies in the previous Assessment Contact, and care delivered was safe and effective.

Therefore, it is my decision this Requirement is Compliant.

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

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

Most staff demonstrated a shared understanding of the high impact or high prevalence risks associated with the care of each consumer. Staff had access to the organisation’s clinical investigation matrix which was used to classify the severity of incidents and provide staff with guidance in relation to the service’s escalation processes and the completion of incident documentation.

The service had a suite of assessments which were completed when consumers entered the service and were reviewed each month during the service’s wellness checks. Assessments identified the high impact and high prevalence clinical and personal risks for consumers including challenging behaviours. Incidents including, but not limited to, physical aggression, inappropriate behaviours, falls and infections were recorded in the service’s incident management system.

Care planning documentation for consumers with challenging behaviours included several strategies which were evaluated regularly in line with the service’s processes including after an incident of physical aggression or inappropriate behaviour. Care information reflected the appropriate investigation, assessment and monitoring processes had occurred in response to incidents of physical aggression involving consumers.

The service had policies and procedures available for staff to access in relation to the management of high prevalence and high impact risks.

The Assessment Team provided information which identified consumers care planning documentation did not evidence the effective management of high impact or high prevalence risks in relation to consumers with challenging behaviours. Strategies to effectively manage challenging behaviours were not evaluated following incidents of aggression or inappropriate behaviours for six named consumers residing in the memory support unit.

The approved provider in their response refutes the Assessment Teams findings and has provided information to evidence when the evaluation of care plan strategies had been completed following incidents of aggression or inappropriate behaviours. In their response, the approved provider provided evidence to demonstrate fewer incidents had occurred than reported in the Site audit report. Further to this, the approved provider included evidence to demonstrate several strategies were in place for all six named consumers, regular reviews and consultations with representatives had occurred regularly and in response to incidents and where required, external specialist services including Dementia Services Australia, social workers and psychologists were employed to review and assess the needs of consumers with ongoing challenging behaviours.

The approved provider provided examples of strategies employed by the service to minimise risks associated with the inappropriate behaviour for one named consumer. These included consultations with the Medical officer and their representative, trialling of medications, referrals to external support services and the application of an alarm bracelet to alert staff of their movements for one named consumer.

I have considered information in the site audit report and the approved provider’s response and am satisfied the service has systems and processes in place for the effective management of high impact and high prevalence risks.

Therefore, I find this requirement is 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.*

Staff had a shared understanding regarding the service’s referral processes and how they could access organisational guidelines in the service’s electronic documentation system. Management advised they monitor the actioning of referrals through daily reviews of progress notes and record this information on a white board to ensure appointments have been booked.

The Assessment Team provided information which identified the service had not referred named consumers residing in the memory support unit to individuals, or other providers of care and services following incidents of physical aggression or inappropriate behaviour.

The Assessment Team provided information which identified the service was unable to provide evidence to demonstrate four named consumers residing in the memory support unit involved in incidents of aggression or inappropriate behaviour were referred to individuals, other organisations and providers of other care and services for assessment, care input and management.

The approved provider in its response refutes the Assessment Team’s findings and provided information to demonstrate all four consumers were reviewed by their Medical officer and referred to other providers of care including external dementia support services, social workers and the ongoing engagement with the service’s lifestyle team. The approved provider provided evidence to demonstrate fewer incidents had occurred than reported in the site audit report and staff had followed the organisation’s referral processes.

Therefore, it is my decision this Requirement is Compliant.

### 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

Consumers and representatives confirmed the service’s lifestyle program supported their lifestyle needs and consumers were supported to maintain their independence. They said staff were responsive to their emotional needs and supported consumers to keep in touch with people important to them. Consumers and representatives advised they were encouraged to do things of interest within and outside the service including, but not limited to, friends and family visiting and visits to the local Returned Services League club.

Consumers confirmed they enjoyed the meals which catered for consumers’ dietary needs and preferences. They said equipment used to support their activities of daily living such as mobility aids, and communal televisions were well maintained, fit for purpose and safe to use~~.~~

Care planning documentation included information about the services and supports consumers required to assist them with things they enjoyed doing. Care information reflected information regarding consumers past life and interests which facilitated staffs’ engagement with consumers and supported their participation in activities within the service and in the broader community.

Assessments and care plans were regularly updated in consultation with consumers and representatives. Care plans reflected the involvement of in the provision of lifestyle services including external services and consultation with representatives. Information regarding consumers’ individual needs and preferences were recorded in care planning and assessment information.

Lifestyle staff advised activity calendars were developed from assessment information and in response to consumer feedback. They said they developed relationships with consumers to support their social and emotional well-being. Staff had a shared understanding of how they could support consumers’ needs, goals and preferences to promote their independence and quality of life.

Staff sought feedback from the lifestyle team, consumers and representatives to gain an understanding of their lifestyle preferences. Changes in consumers’ lifestyle preferences or emotional well-being were communicated between staff through handover processes, lifestyle notices and electronic alerts in the service’s electronic clinical care system.

Therapy implementation charts were monitored to ascertain consumer engagement and attendance in lifestyle activities. Consumers residing in the memory support unit were supported to attend activities in other areas of the service. Staff had access to a range of service providers and have established relationships to ensure consumers’ lifestyle needs were met.

Catering staff advised the service’s menu is based on the four-week rotational menu which was reviewed by a dietician and discussed with consumers at resident meetings. Additional servings and alternatives to the hot meals were observed to be available during the site audit for consumers.

Equipment was clean, safe, well maintained and suited consumers’ lifestyle needs. A range of dining and seating areas were available for consumers to share meals and participate in activities with others in the service. Staff confirmed they had enough equipment which was well maintained, safe and suitable to support consumers’ lifestyle needs.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers said they were comfortable living at the service and felt at home. They were supported to decorate their rooms to make them more individualised and could close their doors for privacy. Consumers said staff interactions were friendly and welcoming to consumers and visitors to the service.

Consumer rooms were personalised and decorated to reflect their individuality.

The living environment was welcoming, clean, well-maintained and enabled consumers to move freely throughout the service. Consumers were observed to be utilising communal areas of the service including gardens, covered walkways and outdoor seating areas. Most equipment was clean, well-maintained and appropriate for consumers’ needs.

Staff had a shared understanding of their reporting responsibilities in relation to hazards or risks which may impact on the safety of consumers, staff and visitors. Staff

Maintenance staff monitored the environment to ensure it was safe and well-maintained and maintenance issues were reported and actioned in a timely manner. Consumers were supported to provide feedback in relation to the service’s living environment to identify areas of improvement.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner.

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.*

Consumers confirmed they felt safe living at the service, the service was clean and well maintained and they could navigate around the service with ease. Consumers could access outdoor areas if they chose and were complimentary to the service’s cleaning processes.

Staff had a shared understanding of their responsibilities to report any identified hazards and risks to staff’s and consumers safety. Consumers, including those who reside in the memory support unit and those who were unable to enter security codes to exit the service freely, had environmental assessments and restraint authorisations in place.

All shared equipment was safe, well maintained, comfortable and generally clean. The service maintains a preventative and reactive maintenance schedule and cleaning schedules were in place for staff to follow.

The approved provider in its written response has implemented improvements to address deficiencies identified in the previous Assessment Contact. These included the installation of an emergency release gate adjacent to the smoking area and additional key coded key pads. The gate is now connected to the nurse call system and the fire panel to ensure consumers and visitors use the main entrance to enter and exit the service.

Registered nurses continue to be responsible for monitoring the emergency gate daily in the morning and afternoons. The service has removed the glass tint from the door adjacent to the outdoor smoking area to improve staffs’ visibility of consumers who frequently use this area.

I have considered the Assessment Team’s information and the approved provider’s written response and I am satisfied the service has implemented improvements to address the deficiencies in the previous Assessment Contact.

Therefore, it is my decision this Requirement is Compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives were encouraged and felt supported to provide feedback and were aware of the various ways this could occur including, discussions with staff and management, in writing via electronic mail, feedback forms and at resident meetings. Most consumers and representatives said they were aware of advocacy and other services which they would access when complaints had not been resolved by the service appropriately.

Consumers and representatives said the service was responsive to their concerns and kept them informed regarding the outcomes of complaints investigations. They said they felt confident in that actions implemented by the service in response to feedback, improved the quality of care and services.

Staff supported all consumers to provide feedback regarding their care and services, including those consumers with a cognitive or physical impairment. Information regarding complaints management was available in other languages when required.

Consumers were provided with information regarding the services’ internal complaints processes, advocacy services and external complaints bodies in the services’ consumer handbook, at consumer and representative meetings and through information on display throughout the service. Information in relation to staffs’ responsibilities in complaints management processes were on display in staff areas for staff to refer to.

The organisation had policies and procedures regarding complaints and feedback processes including the principles of open disclosure. Feedback and complaints information was recorded in the service’s feedback and complaints register which evidenced when the service had taken appropriate action and used open disclosure. Complaints were recorded in the service’s electronic system, reviewed and analysed each month by the service and at an organisational level.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most consumers and representatives considered that consumers’ received quality care and services when needed, and from staff who were knowledgeable, capable, kind and caring.

Management said all staff undertake an onboarding process which included an orientation, buddy shifts and the introduction of a Clinical coach who provided staff with practical training and further coaching where needs have been identified. All staff were required to complete mandatory training including, but not limited to, manual handling, fire and emergencies, incident reporting, infection control and COVID-19, handwashing and the use of personal protective equipment.

Consumers were encouraged to provide feedback regarding the performance of staff through the service’s feedback mechanisms which was discussed with individual staff during the service’s annual staff performance reviews to identify any training needs relevant to their roles.

Staff performance reviews were completed by the General manager for all staff across the service. Staff were satisfied they had access to training relevant to their role. The service had processes in place to identify the training needs of staff and provided staff with access to online training resources.

Rostering documentation was planned in advance and reviewed regularly. Call bell response times were monitored and investigated when required.

The organisation had a suite of human resource policies that provided guidance in relation to the organisation’s recruitment and onboarding processes.

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

## Assessment of Standard 7 Requirements

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

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

The service was able to demonstrate the workforce was planned to enable, and the number and mix of staff enabled, the delivery and management of safe and quality care and services.

Most consumers and representatives said there were sufficient staff at the service however, some consumers who required the assistance of staff for their personal care and mobility needs said their care needs were not being met in a timely manner or in accordance with their preferences.

Most staff reported there were enough staff however, some raised concerns with staffing levels during high peak times including early in the morning and in the evenings.

Roster documentation reflected all shifts were accounted for including when unplanned leave was experienced.

The organisation had a suite of human resource policies that provided guidance in relation to the organisation’s recruitment and onboarding processes. All staff were required to complete a site orientation and safety checklist prior to commencing their role.

Management advised call bells response times were analysed to determine trends. The service identified a reduction in call bell response times which exceeded the service’s benchmark of 10 minutes. Management said call bells exceeding ten minutes were investigated to identify contributing factors and develop actions to prevent reoccurrence.

The approved provider in its written response advised of improvement actions completed including the recruitment of 35 care staff, five registered staff, two lifestyle staff and three catering staff since April 2021. The service developed and appointed a Clinical coach role to a Registered nurse to provide new staff with support and education during their orientation and onboarding and can also provide other staff with assistance when required.

Further to this, the service has focused on monitoring staff recruitment, overtime, agency usage and onboarding processes. Ongoing and active recruitment continues each month and the service has implemented a reward recognition program for staff and scheduled regular barbeques for staff and consumers. The service has improved their roster review processes which occur in response to staff feedback.

The service completed an audit which analysed, monitored and evaluated the improvements initiated in response to the staffing deficiencies identified in the previous Assessment Contact. Results from the audit identified unplanned leave, overtime, vacant shifts, agency usage and unplanned leave has decreased between April and July 2021 and staff engagement, culture and retainment has improved.

Analysis of clinical incident data indicates clinical incidents had decreased in May 2021 from 105 to 73 incidents. Consumer survey data received for June 2021, reflected positive results in relation to call bell response delays and the sufficiency of staffing.

I have considered the Assessment Team’s information and the approved provider’s written response and I am satisfied the service has implemented improvements to address the deficiencies in the previous Assessment Contact, and the workforce was planned to enable, and the number and mix of staff enabled, the delivery and management of safe and quality care and services.

Therefore, it is my decision this Requirement is Compliant.

### 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.*

Consumers were encouraged to provide feedback in relation to their care and services through the organisation’s electronic care page which gauges their satisfaction in relation to staff’s skills and competencies.

Management advised staff were required to access mandatory training modules through the organisation’s electronic online modules. The service-maintained records to evidence staff’s qualifications.

Registered staff confirmed they discuss the operation of mobility equipment with staff however, formal competency training was not provided. Management said when new equipment was purchased, training is provided to the Clinical care managers and Registered nurses. Staff completed mandatory training using the organisation’s electronic online system modules. Staff advised they would consult a Registered nurse or other staff when they were unsure how to operate mobility equipment.

The Assessment Team provided information which identified staff did not have the skills and knowledge they require to effectively perform their roles in relation to the operation of mobility equipment.

Three consumers who were unable to mobilise without the assistance of staff said they did not feel confident that staff were competent or had the skills to operate mobility equipment safely. One named consumer raised concerns specifically in relation to the competency of agency staff and their skillset in relation to the operation of mobility equipment. Two named consumers alleged they had experienced separate incidents as the result of staff’s inability to operate mobility equipment safely.

Management confirmed gaps were identified regarding the service’s induction processes for agency staff and incident management. Audit results confirmed deficiencies were identified by an external auditor which resulted in changes to the service’s orientation and incident management processes.

The approved provider in its response refutes the Assessment Team’s findings and provided evidence to demonstrate the workforce had the knowledge to effectively perform their roles.

I have considered information in the site audit report and the approved provider’s response, and while at the time of the site audit the Assessment Team received negative feedback from three consumers in relation to the competency of staff, I am satisfied the service has processes in place to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles*.*

Therefore, it is my decision this Requirement is Compliant

### 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 COMPLIANT Organisational 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

Consumers and representatives considered the organisation was well run and that they could partner in the improvement of care and service delivery. They said they were engaged in discussions about the service at consumer and representative meetings each month.

Management advised the service had implemented a new survey tool to capture consumer experiences within the service and they were in the process of implementing a Board/consumer subcommittee meeting to increase consumer engagement at a strategic governance level.

The governing body promotes and exercises accountability for the delivery of safe, inclusive and quality care and services. The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The organisation had risk management systems, including policies describing how high impact or high prevalence risks are managed and an incident management system to identify, investigate, address, record and escalate incidents in relation to the Serious Incident Report Scheme.

There are policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

The organisation had a documented risk management framework, which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers are identified and responded to, how consumers are supported to live the best life they can and how incidents are managed and prevented.

The organisation had an incident management system that provided guidance to staff in relation to the identification and assessment of risks regarding the health, safety and well-being of consumers.

Improvements initiated by the service in relation to the service’s incident management system includes the development of a best practice clinical incident matrix to guide staff in escalation processes for reportable incidents in line with Serious Incident Reporting Schemes reporting criteria. All level one and two incidents are reviewed by a Quality manager who may conduct a case review, preliminary incident investigation or follow up further information with the service if required.

While the service has not identified any incidents that meet the report criteria for a priority one incident for the Serious Incident Response Scheme, monitoring processes are in place toe ensure all priority one incidents are reviewed by the organisation’s quality team to determine their suitability for reporting and to facilitate the reporting process.

The organisation has developed an online education module for all staff in relation to the Serious Incident Reporting Scheme and incident reporting obligations which most staff have completed.

The service’s incident log is used by the Clinical care managers to review and analyse incident data each month to identify trends as part of the organisation’s ongoing quality improvement system. In addition, all progress notes are reviewed by the Clinical care managers daily to ensure staff are identifying, addressing, recording and escalating incidents in accordance with the clinical incident matrix. Additional monitoring of clinical information occurs each month through the service’s wellness checks, to ensure changes to consumers’ care needs are actioned promptly.

Registered staff had completed training in relation to the Serious Incident Response Scheme which included the organisation’s policies and procedures. Care staff had not received education regarding the Serious Incident Response Scheme however, more training is scheduled for August 2021. The service completed an audit to assess the effectiveness of staff training and has also undertaken a full review of all consumers with identified risks to ensure the level of risk has been accurately identified through the service’s risk assessment processes.

To improve the surveillance of those consumes who chose to smoke unsupervised, the service has removed the tinted film from the entrance door leading to the designated smoking area and has ensured a call bell is accessible in the smoking area along with other safety measures including a smoking apron and fire blanket.

The Assessment Team brought forward information in relation to the service’s ability to demonstrate the management of high impact or high prevalence risks associated with incidents of physical aggression and inappropriate behaviour impacting consumers within the service and the service’s incident management system.

The approved provider in its response refutes the Assessment Teams findings and states incidents identified by the Assessment Team from 1 April 2021 did not meet the Serious Incident Response Scheme reporting criteria.

I have considered the information brought forward by the Assessment Team, the approved provider’s response and have considered information in other Requirements including Standard 3 Requirement 3b. I am satisfied the service has implemented improvements to address deficiencies identified in the previous Assessment Contact and at the time of the site audit, the service was able to demonstrate they had effective risk management systems and practices in place.

Therefore, it is my decision this Requirement is compliant.

### 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.