Ridleyton Greek Home for the Aged

Performance Report

89 Hawker Street   
RIDLEYTON SA 5008  
Phone number: 08 8340 1155

**Commission ID:** 6115

**Provider name:** Greek Orthodox Community of SA Inc

**Site Audit date:** 16 June 2021 to 19 June 2021

**Date of Performance Report:** 11 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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Site Audit report received 16 July 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, consumers and representatives interviewed by the Assessment Team considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers interviewed said staff know what is important to them and felt their identity, culture and diversity was valued.

Most staff interviewed or observed by the Assessment Team were familiar with consumers and their life story and demonstrated an understanding of consumers’ individual preferences in all aspects of care. For consumers who are unable to make their own decisions about care and services, staff collaborate with representatives to ensure care is appropriate and individualised.

Staff were able to provide examples of how they support consumers to take risks, such as leaving the service to walk to the local hotel for lunch and providing kettles and refrigerators in some consumers’ rooms so they can be more independent.

Care planning documentation reviewed by the Assessment Team included aspects, such as lifestyle and activity preferences, important people in their life, needs and preferences in relation to emotional, spiritual and cultural support, life history, past interests and current life choices. For example, three consumers interviewed said they prefer to be attended to by staff of the same gender and this choice is respected by staff which helps consumers maintain their dignity.

The service was able to demonstrate all consumer’s personal information is kept confidential. Staff ensured medication charts were stored inside a locked room and use a dedicated clinical device to capture wound photographs to ensure consumer’s privacy.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-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

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

Most consumers interviewed by the Assessment Team considered they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they have viewed and discussed care plans, information is effectively communicated with them when they have questions, and they can request to access consumer care plans at any time. Consumers and representatives confirmed palliative care and end of life wishes are discussed when entering the service and through care plan review.

The service demonstrated assessment and planning is completed in partnership with consumers and representatives, and consumer choice is respected when providing input on who they would like involved in the care planning process. Representatives are invited to attend reviews and if unable to do so, are consulted regarding proposed changes to care.

The service has a schedule for care plan reviews; however, the Assessment Team found some consumer reviews were over two months behind and, therefore, may not be reflective of consumers’ current needs, goals and preferences. It was not demonstrated that all consumer care plans were reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preference of the consumer.

The service demonstrated assessment and planning includes consideration of risks to each consumer’s health and well-being. However, assessment and planning processes were not found to be consistently completed and care plans were not always demonstrative of consumers’ current needs, goals, and preferences. Two care plans reviewed included information referring to other consumers, including in relation to management of behaviours, pain, and personal hygiene.

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

## Assessment of Standard 2 Requirements

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

The Assessment Team found the service was unable to demonstrate that assessment and planning consistently and accurately identifies consumer’s current needs, goals and preferences. Two consumer care plans reviewed by the Assessment Team included information referring to other consumers, including in relation to management of behaviours, pain and personal hygiene, and were not individualised to the consumer’s care needs, goals and preferences. However, in relation to wishes and goals for end-of-life planning, assessments and care plans were completed for two consumers who had passed away in a timely manner outlining their wishes during end-of-life. Representatives interviewed confirmed palliative care and end of life wishes are discussed when entering the service and through the review of care plans.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve consumer care assessment and planning. This includes improvements to the care plan review processes and audits of consumer care plans to ensure they are individualised to consumer’s needs, goals and preferences.

At the time of the Site Audit, the service did not demonstrate that assessment and planning consistently and accurately identified and addressed consumer’s current needs, goals and preferences.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The service was unable to demonstrate all consumer care plans are consistently reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preference of the consumer. While the service has processes to review care plans on a regular basis at least every six months, this had not occurred for two consumers sampled by the Assessment Team. For another consumer, while a review of their care and services had occurred with their representative, the consumer’s care plan was not updated to include the personal care preferences identified by the representative during the review.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to ensure consumer care and services are reviewed regularly in line with the organisation’s processes, and as required. This includes alerts for regular care plan reviews set up on the electronic care planning system, additional nursing shifts to ensure care plan reviews are completed as per the service’s schedule, communication on how to update consumer preferences in the care plan, and updates to the ‘consumer of the day’ process.

At the time of the Site Audit, the service did not demonstrate that care and services were reviewed regularly for effectiveness and updated when there was a change in consumer’s needs, goals, and preferences.

I find this requirement is Non-compliant.

# STANDARD 3 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Most consumers and representatives interviewed by the Assessment Team considered that consumers receive personal care and clinical care that is safe and right for them. Consumers and representatives confirmed they had discussed aspects of consumer’s care and provided input into how they would like it delivered. Consumers said referrals were made to individuals and providers of care and services when needed.

The service was able to demonstrate effective management for consumers with behaviours of concern, blood glucose monitoring and weight management. It was also demonstrated that the service recognises and effectively manages high impact or high prevalence risks associated with the care of each consumer.

However, the service was unable to demonstrate how they ensure all consumers get safe and effective personal and clinical care in relation to wound care, with documentation relating to one consumer’s wound being inaccurate and management not aligned to the service’s policies. While consumer end-of-life needs and preferences were captured and understood by the service, it could not demonstrate that it effectively maximised the comfort and preserved the dignity of a consumer who recently passed away. Deterioration of two consumers condition was not identified or responded to in a timely manner by the service.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service was unable to demonstrate all consumers get safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being, specifically in relation to wound care. Wound management documentation reviewed by the Assessment Team did not demonstrate wounds are consistently monitored, assessed, and managed in line with the organisation’s policy. For one consumer wound charting and photographs were not clear, and wounds were inconsistently reported including the location of the wound and how many wounds the consumer had. Staff interviewed and documentation reviewed by the Assessment Team also indicated that consumers are getting blisters due to poorly fitting continence aids. However, the service demonstrated that where restraint is used, discussions in relation to associated risks have been undertaken and authorisation restraint assessments are completed. The service also demonstrated effective pain management for consumers with chronic pain.

In their response the approved provider demonstrated that for the consumer named in the Site Audit report, since the Site Audit their wound has been monitored and reviewed in line with the organisation’s procedures. Audits have occurred of the consumer’s wound photos taken since the Site Audit to ensure they are clear to enable effective monitoring.

The approved provider’s response identifies continuous improvement actions commenced since the Site Audit to improve the service’s compliance with wound management policies, and improve the outcomes for consumers. This includes staff training, review of the skin assessment tool, review of the use of continence aids, engagement of an external service provider for review of wounds of concern, and updates to the enrolled nurse duty statement to ensure all wounds are checked daily.

At the time of the Site Audit, the service did not demonstrate that personal and clinical care was consistently best practice to optimise consumer’s health and well-being. This was in relation to the safe use of continence aids to prevent wounds, and wound management.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found the needs, goals and preferences of consumers nearing the end of life are recognised. However, the service did not demonstrate consumer comfort was maximised or pain appropriately managed for one consumer at the end of their life. Review of documentation showed inconsistencies in the management of medications administered through a continuous infusion pump and on one occasion staff were unable to locate the key for the pump meaning pain relief could not be administered. Documentation of pain assessment and subsequent actions were not evident to ensure maximum comfort during the last stages of life. Staff interviewed by the Assessment Team expressed concern over the consumer’s pain not being managed at the end of their life.

The approved provider’s response identifies continuous improvement actions commenced since the Site Audit to address the needs of consumers nearing end of life and maximise their comfort and dignity. This includes a review of end of life documentation including the forms for the continuous infusion pump, the purchasing of a second key for the continuous infusion pump, escalation processes for staff to report any concerns with consumers, and staff training.

The service did not demonstrate effective pain management for one consumer to ensure their needs were met and comfort was maximised during the end of their life.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the service did not demonstrate deterioration in consumers’ mental health, cognitive or physical function, capacity or condition is responded to in a timely manner. One consumer interviewed by the Assessment Team said they had been waiting about a week to see their medical officer after requesting this due to increased pain. Care documentation for the consumer also indicated the consumer had requested to see the medical officer the week of the Site Audit. During the Site Audit, the consumer had irregular observations before being transferred to hospital for review. Another consumer’s representative said they had reported the consumer having itchy skin to the staff, however limited action was taken. The consumer was previously prescribed cream to be applied as required, however this had only been used on one occasion in April 2021.

The approved provider’s response identifies continuous improvement actions commenced since the Site Audit to ensure deterioration or change in consumer’s condition is recognised and responded to in a timely manner. This includes a review of the process of recognising, monitoring clinical deterioration and escalation, and staff training on this new process.

For the consumers identified in the Assessment Team’s report, the approved provider’s response demonstrates that since the Site Audit both consumers have had appropriate assessment and further monitoring and interventions are in place to facilitate recognition of a change in condition.

At the time of the Site Audit, the service did not demonstrate that deterioration or change of a consumer’s condition is recognised and responded to in a timely manner.

I find this requirement is Non-compliant.

### 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 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Most consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The Assessment Team found that care planning documentation informs leisure and lifestyle participation of consumers to ensure consumers are not socially isolated. The service reviews and evaluates the activities provided in consultation with consumers to ensure activities of interest and reflect consumers’ diversity, needs and preferences.

Hairdresser salon and gym facilities are located at the service to provide services and supports to consumers. Satellite provisions are available to consumers for streaming Greek orthodox church services, watch Greek movies and listen to music. The Assessment Team found the service makes referrals to individuals, such as occupational therapist for massages, Dementia Support Australia, Aged Rights Advocacy Services, Dietitian, and pastoral services.

The Assessment Team found the service was able to demonstrate where meals are provided, they are varied, of a suitable quality and included Greek dishes. Equipment to support consumers’ mobility and transfer is provided, maintained and clean.

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 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Most consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said they were satisfied with the cleanliness of the service, the large dining and lounge communal areas and being able to decorate and personalise their own living spaces to feel more like home.

The Assessment Team reviewed maintenance logs which showed items are actioned in a timely manner. Recent environmental improvements include new handwash stations in all corridors, new curtains, floorboard areas polished and, large framed black and white photographs of famous Greek entertainers are displayed throughout the service.

However, the Assessment Team found the service was unable to demonstrate the service environment enables all consumers and their representatives to move freely inside and outside into internal courtyard areas, and that it consistently provided a safe, clean service environment. Some representatives also expressed that visiting hours were too restrictive and should be reviewed in line with current COVID-19 requirements to allow more time to spend with their loved ones.

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

*The service environment:*

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

While the service demonstrated that most of the time, the service environment is safe, clean, and well maintained, the Assessment Team found the service was unable to demonstrate the service environment enables all consumers and their representatives to move freely inside and outside into internal courtyard areas. The Assessment Team observed that some doors to outdoor areas were locked or hard to push open. Other doors were blocked by furniture. Consumers and representatives interviewed by the Assessment Team explained they were dissatisfied and/or had difficulty accessing outdoor courtyards and garden areas freely, often requiring staff assistance to unlock the doors. The service did not demonstrate effective processes in place to guide staff practice in relation to unlocking doors. The Assessment Team identified some issues with the cleanliness and safety of the service environment, however, after raising these with management most were rectified during the Site Audit.

The approved provider’s response identifies continuous improvement actions commenced since the Site Audit to enable consumers to move freely indoors and outdoors. This includes a review of the risk assessment processes for outdoor areas, revising duty statements to including the unlocking of doors to external areas, review of the maintenance schedule for all doors in relation to easy access, and working towards a common mechanism for all doors to enable free access.

While the service worked quickly to rectify the issues raised by the Assessment Team, the service needs time to implement more proactive and preventative processes to identify and action risks to the cleanliness and safety of the service environment and ensure consumers can move freely indoors and outdoors.

I find this requirement is Non-compliant.

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

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

The Assessment Team observed that most furniture, fittings, and equipment in the service were safe, clean, and maintained. The Assessment Team reviewed preventative and reactive maintenance schedules and logs and observed mostly a prompt turn around with rectifying items. However, the Assessment Team identified issues with the cleanliness and maintenance of some equipment including a dining room chair, toilet doors, outdoor furniture, and not enough wheelchairs to transfer consumers around the service. The Assessment Team identified that after raising these issues with the service, most had been rectified or actioned during the Site Audit.

The Assessment Team’s report and approved provider’s response identifies continuous improvement actions implemented during and following the Site Audit to improve the safety, cleanliness and maintenance of furniture, fittings and equipment. This includes ensuring all equipment and fittings are included in the environmental inspections, purchasing additional wheelchairs and physiotherapy assessments to determine the most appropriate mobilisation for consumers.

Overall, the service demonstrated furniture, fittings and equipment are generally safe, clean, well maintained, and suitable for the consumer. While the Assessment Team identified some gaps with the cleanliness and maintenance of some equipment, these did not demonstrate systematic issues and were mostly rectified during the Site Audit.

I find this requirement is Compliant.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most consumers and representatives interviewed by the Assessment Team were aware of the feedback mechanisms at the service; however, many did not consider that they are encouraged and supported by the service to give feedback and make complaints. Staff explained how they would assist consumers to provide feedback or make complaints, however, raised that they are uncomfortable to raise issues with management for concern of reprisal.

The service provides opportunities for stakeholders to provide feedback, alongside providing written materials and other information on advocacy and other consumer services. Representatives said they often advocate on behalf of consumers, however, criticised the service for deflecting complaints or criticism and avoiding addressing core issues relating to ongoing complaints, such as restrictive visitation hours or staffing levels. Representatives did confirm the service is prompt to contact them and provide an explanation if an incident occurs.

The service demonstrated it logs and analyses feedback and has policies and other documentation to guide staff practice. However, with exception to a few examples found by the Assessment Team, the service did not demonstrate how it consistently uses feedback and complaints to improve the quality of care and services.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team found the service did not demonstrate consumers, their family, friends, carers and others including staff are consistently supported and made to feel comfortable to provide feedback and make complaints. Two consumers and six representatives interviewed by the Assessment Team said they did not find the feedback process supportive and were not confident in the feedback system. One consumer said they attend consumer meetings, however management don’t attend and the meetings mostly comprise of updates of what is happening around the service. Some consumers, representatives and staff interviewed said they did not feel comfortable raising feedback to the service. The Assessment Team observed that while there were anonymous feedback boxes around the service, the height the boxes were placed at was not easily accessible for less mobile consumers to submit feedback without assistance.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to encourage and support consumers, representatives, and staff to provide feedback and complaints. This includes a review of the feedback and complaints process, engagement of an external consultant to investigate and identify solutions to issues raised by consumers, representatives and staff, lowering the position of the feedback box to ensure easy access, and review of management attendance at consumer meetings.

At the time of the Site Audit, consumers, representatives, and staff at the service did not feel encouraged and supported to provide feedback and make complaints.

I find this requirement is Non-compliant.

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

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

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

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

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

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

The Assessment Team found the service did not demonstrate feedback and complaints are consistently reviewed and used to improve the overall quality of care and services. Consumers, representatives, and staff interviewed by the Assessment Team did not have confidence in the service’s feedback and complaints system and provided examples of the service’s lack of action to ensure sustained positive change following feedback. This includes two representatives who said they had verbally raised that they would like to see staffing levels increased at night and did not think this concern was being heard. Two staff members said the service’s lack of wheelchairs had been raised several times and nothing had been done about it. The service’s plan for continuous improvement register reviewed by the Assessment Team did not identify consumer and representative feedback and complaints as a regular source of improvement opportunities.

The approved provider’s response identifies that since the Site Audit, the service has reviewed the feedback and complaints process to ensure all feedback is channelled through the formal processes, and engaged an external consultant to assist in identifying and implementing solutions to improve feedback and complaint issues.

At the time of the Site Audit, the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

I find this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records, including staff rosters, training records and performance reviews.

Most consumers and representatives interviewed by the Assessment Team confirmed quality care and services are provided from people who are knowledgeable, capable and caring. However, consumers, representatives and staff were concerned with the service’s approach to workforce planning, resulting in insufficient care staff particularly at night and on weekends. Consumers and representatives also raised that the service often fails to roster adequate female staff during night shifts to meet consumer gender preferences for when they need assistance with toileting and personal care needs. Staff confirmed they are short-staffed when there are competing call bells at night, and they often need to rush to consumer rooms and turn them off without consistently addressing consumer needs.

Consumers and representatives confirmed staff are kind, caring and considerate of consumers’ identity and individual needs. The Assessment Team observed staff providing care and services in a respectful manner throughout the Site Audit. Staff also demonstrated how they build strong rapport with consumers and showed genuine concern for consumer well-being. Overall, consumers and representatives felt that staff were both gentle and competent when delivering personal and clinical care.

Staff interviewed by the Assessment Team confirmed they were supported with training opportunities to maintain a contemporary knowledge necessary to undertake their roles. Documentation reviewed by the Assessment Team demonstrated the service recruits and supports a skilled workforce with relevant qualifications and knowledge. The service demonstrated staff performance is regularly monitored through formal and informal processes.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

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

Consumers and representatives interviewed by the Assessment Team said there were insufficient numbers and mix of staff rostered on night shifts to meet consumer needs in a timely manner. One representative said they are concerned the consumer’s pressure area care needs are not attended to overnight, and there is insufficient staff to transfer the consumer to common areas of the service to increase their socialisation. Representatives and staff interviewed also said there aren’t enough female staff rostered at night to meet consumer preferences for personal care needs, resulting in some consumers refusing to use the toilet overnight and, in some cases, soiling themselves.

Staff told the Assessment Team the service did not back-fill shifts where staff took leave at late notice, resulting in rushed care. Allocation sheets reviewed supported staff comments that shifts are often not filled. Although the Assessment Team found that average call bell response times were lower than the service’s key performance indicator of ten minutes and demonstrated an improvement since the Assessment Contact in April 2021, consumers and representatives expressed concern that staff often ‘rush in, turn off the bell, and rush out’ without always addressing consumer needs.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to improve the number and mix of the workforce deployed. This includes consultation with consumers and representatives regarding preferences for genders of staff and identifying compromises should there be an occasion the service cannot meet this, review of staff allocation sheets and staff workflows, consideration of audits overnight to investigate staff practices, and completion of a staff survey.

At the time of the Site Audit, the service did not demonstrate that the number and mix of the workforce deployed enables the delivery and management of safe and quality care and services.

I find this requirement is Non-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.*

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

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

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

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

# STANDARD 8 NON-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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment Team found the service was unable to demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Although consumers can provide feedback through surveys or meetings, consumers said they do not speak up as they feel like nothing will get done in response to their feedback. Representatives also stated their feedback does little to influence the development of care and services. The service provided the Assessment Team with the latest plan for continuous improvement register which showed no consumer-driven improvements have been implemented for 2021.

The Assessment Team reviewed the organisation’s risk management processes which included a risk matrix and identified risks at both an organisational level and service level. Staff said they have access to information needed to complete their roles. Staff were able to describe training undertaken in relation to identifying and responding to any form of abuse of consumers. The process informing staff how to report and manage abuse includes a flow chart to guide them. Management and staff were aware of policies and procedures in relation antimicrobial stewardship, minimising the use of restraint and open disclosure and how they use this information as part of their work.

However, the organisation was unable to demonstrate effective organisation wide governance systems relating to information management, continuous improvement, and feedback and complaints.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

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

The Assessment Team found the service was unable to demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Although consumers can provide feedback through surveys or meetings, consumers interviewed by the Assessment Team said they do not speak up as they feel like nothing will get done. Representatives interviewed also stated their feedback does little to influence ongoing development of care and services. The plan for continuous improvement register reviewed by the Assessment Team showed of the 38 improvements identified, four were provided by consumers and/or representatives, with the last one identified September 2020. The service did not demonstrate how consumers are able to communicate or provide suggestions of improvements to the Board.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to engage consumers in the development, delivery and evaluation of care and services. This includes review of the systems in place to encourage and support consumer feedback, ensuring consumer feedback is reviewed and analysed to identify opportunities for improvement, and development of consumer focus groups that focus on development and delivery of various aspects of care and services such as food focus committee and lifestyle committee.

At the time of the Site Audit, the service did not demonstrate that consumers were engaged in the development, delivery and evaluation of care and services and supported in that engagement.

I find this requirement is Non-compliant.

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

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

### Requirement 8(3)(c) Non-compliant

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

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

The Assessment Team found the service was unable to demonstrate effective organisation wide governance systems relating to information management, feedback and complaints, and continuous improvement. The Assessment Team found that information management channels with the Board were not effective in communicating areas of risk such as non-compliance with the Quality Standards and the organisation’s vaccination requirements. The service did not demonstrate that they use consumer and representative feedback to identify opportunities for continuous improvement. The service did not demonstrate a consistent, systematic, and reliable process for ensuring feedback and complaints improve consumer care and service delivery.

The approved provider’s response details actions implemented since the Site Audit to improve information management, continuous improvement and feedback and complaints systems. This includes weekly continuous improvement meetings to monitor progress against non-compliance with the Quality Standards and communication of this information to consumers, representatives and staff via newsletters and meetings. The service has implemented a Board return to compliance sub-committee and engaged an external consultant to audit Standard 8 practices and identify and implement improvements.

At the time of the Site Audit, the service did not demonstrate that organisation wide governance systems relating to information management, feedback and complaints, and continuous improvement were effectively implemented at the service.

I find this requirement is Non-compliant.

### 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 Assessment Team found, since the previous Assessment Contacts in June 2020 and April 2021, the service has made improvements to the risk management systems and practices implemented at the service. This includes the implementation of a risk assessment flow chart and organisational risk register, improvements to escalations for maintenance, purchasing of additional mobility equipment and development of standard operating procedures for the equipment, and improved reporting of hazards. The service provided the Assessment Team with a documented risk management framework, including policies describing how: high impact or high prevalence risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to, consumers are supported to live the best life they can, and managing and preventing incidents, including the use of an incident management system.

I find 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

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 2(3)(b)

*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.*

The approved provider must demonstrate:

* Assessment and planning consistently and accurately addresses the needs, goals and preferences of consumers.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness on a regular basis, and when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Care plan reviews are consistently completed in line with the organisation’s policies and processes.
* The needs, goals and preferences of consumers are updated as required, including when indicated by consumers and/or their representatives.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(a)

*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 approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Prevention and management of consumer wounds is in line with the organisation’s policies and optimises consumer’s health and well-being. This includes that wounds are appropriately assessed, managed, and monitored.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(c)

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

The approved provider must demonstrate:

* The needs, goals and preferences of consumers nearing the end of their life are addressed, and their comfort and dignity maximised.
* Pain assessment, monitoring and management is effective to ensure consumer comfort is maximised during the end of their life.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(d)

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

The approved provider must demonstrate:

* Deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service. This includes escalation to the consumer’s medical officer as required.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 5(3)(b)

*The service environment:*

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

The approved provider must demonstrate:

* The service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely indoors and outdoors.
* The service has an effective hazard and maintenance reporting system to ensure risks to the safety of the service environment, and risks to consumer’s free movement around the service are identified and actioned.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 6(3)(a)

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

The approved provider must demonstrate:

* Consumers, representatives and staff are encouraged and supported to provide feedback and make complaints.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 6(3)(d)

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

The approved provider must demonstrate:

* Feedback and complaints are effectively reviewed and analysed to improve the quality of care and services.
* Consumer and representative feedback informs continuous improvement actions for the service.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(a)

*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 approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services. This includes consumer preferences for personal and clinical care are met.
* The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 8(3)(a)

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

The approved provider must demonstrate:

* Consumers are actively engaged and supported in the development, delivery and evaluation of care and services.
* Consumer and representative feedback influences the development, delivery and evaluation of care and services, across the service and organisation.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 8(3)(c)

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

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

The approved provider must demonstrate:

* The organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, and feedback and complaints.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.