Rose Court Aged Care Facility

Performance Report

3 Grant Avenue
GILLES PLAINS SA 5086
Phone number: 08 8367 8866

**Commission ID:** 6975

**Provider name:** Hahndorf Holdings Pty Ltd

**Site Audit date:** 5 October 2021 to 7 October 2021

**Date of Performance Report:** 18 November 2021

# Performance report prepared by

Kerry Rochow, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Site Audit report received 28 October 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team have recommended Requirement (3)(d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Specifically, in relation to one consumer who leaves the service independently, and associated implementation of risk mitigation strategies. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with Requirement (3)(d) in this Standard. I have provided reasons for my decision in the specific Requirement below.

In relation to Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in this Standard, the Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Specific examples provided by consumers included:

* Most consumers and representatives said staff are kind, caring and treat them with respect. However, one consumer indicated a staff member had been to speak with them on the last day of the Site Audit and was rude and unwilling to discuss the issue at hand. On receipt of the feedback from the Assessment Team, management immediately took action to report and investigate the incident, including having the staff member apologise to the consumer and allowing discussion of the issue. The Approved Provider’s response includes further action taken in response to this incident, including actions following the full investigation and ensuring the consumer was supported and monitored in relation to their psychological and emotional status.
* Feel safe at the service and feel their cultural needs and preferences are respected.
* Can make decisions in relation to care, including communicating these decisions and maintain relationships of choice.
* Described ways information is communicated to assist in decision making and provision of feedback.
* Staff respect their privacy.

The Assessment Team observed staff interactions with consumers to be familiar, respectful and kind. They also observed noticeboards, posters and brochures displayed with current information. Staff were observed to be respectful of consumers’ privacy and consumers’ personal information was securely stored.

Staff interviewed were able to describe consumers’ daily routines and preferences and how to support consumers’ cultural preferences. They provided examples of how they support consumers to maintain relationships of choice, strategies used to communicate with consumers and provision of written information. Staff also stated they respect consumers’ right to privacy.

Sampled care plans were personalised to include information relevant to consumers as individuals, with life histories and stories, inclusive of cultural backgrounds and preferences. Care plans also included consumers’ personal preferences about care and services.

Based on the Assessment Team’s report, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

## 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. While the service was able to demonstrate risk assessments for two consumers in relation to their choice to smoke cigarettes, the service was unable to provide a risk assessment for a consumer who leaves the service independently in relation to their mental health status and risk of falls. Additionally, this consumer has not had their risk mitigation strategies effectively implemented in relation to smoking cigarettes. The Assessment Team provided the following evidence and information relevant to my finding:

* A consumer (Consumer C) with a complex mental health history, including depression, anxiety and suicide attempts, and requiring assistance with mobilising, frequently leaves the service to socialise and participate in the community. The consumer’s representative confirmed Consumer C leaves the service independently but is limited due to declining mobility and the consumer is provided with their medication before they leave. However, risk assessments in relation to the consumer’s mental health status and falls risks have not been completed in context of the consumer leaving the service independently.
	+ The Assessment Team found a risk assessment was completed for the consumer in relation to self-administering medications when not at the service.
* Staff interviewed were aware Consumer C leaves the service independently and has a diagnosis of depression.
* Consumer C’s risk assessment in relation to smoking cigarettes, includes risk mitigation strategies of wearing a smoking apron. However, the risk assessment was not signed and the Assessment Team observed Consumer C to be smoking without a smoking apron.
* Clinical staff were unable to describe prompts to consider non-clinical risks.
* The risk management policy is generic and does not provide specific guidance for staff in relation to clinical and non-clinical risks.

The Approved Provider submitted a response to the Assessment Team’s report which includes further evidence to support compliance and identified opportunities for improvement since the Site Audit, including a plan for continuous improvement. The response included the following information and evidence relevant to my finding:

* The organisation has policies and procedures to ensure consumers are supported to take risks to enable them to live the best life they can, however, the new consumer dignity of risk policy is in its final stages of review.
* In response to staff being unable to describe prompts for non-clinical staff, now staff are required to attend a mandatory risk assessment and management training session on commencement of employment and annually thereafter.
* A dignity of risk consultation/assessment has been introduced on the service’s electronic care system, inclusive or a risk matrix to assist with the assessment.
* In relation to Consumer C:
	+ Has been a consumer at the service for several years and despite mental health and physical impairments, has been living their best life.
	+ The consumer has mild cognitive impairment but is their own decision-maker and can competently make decisions.
	+ The consumer has the choice to leave the service independently and restraining them from doing so would be a restrictive practice.
	+ The risk of the consumer sustaining a fall while outside of the service was considered in the falls risk assessment.
	+ The risk of the consumer’s mental health was recently reviewed by the Older Persons Mental Health Services, and their plan includes strategies for when the consumer is outside of the service independently.
	+ The service has attempted to use the new risk assessment form for Consumer C in relation to leaving the service independently and after initial refusal from the consumer, agreed to risk mitigation strategies for smoking cigarettes, risk of falls, hypoglycaemia and self-harm when out of the service independently, have been identified and discussed.
* The consumer’s medical officer has written a letter to support that the service has provided appropropriate care to support Consumer C to leave the service independently.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I acknowledge the actions and improvements taken in response to the deficits identified by the Assessment Team and have considered the additional evidence presented in relation to Consumer C. However, I find that at the time of the Site Audit, Consumer C had not had a risk assessment conducted specifically in relation to falls risks or self-harm when they leave the service independently, to identify risk mitigation strategies or to help the consumer understand potential risks and outcomes associated their activity.

While the Approved Provider asserts that strategies to manage falls risks and risk of self-harm while Consumer C is out of the service independently were identified in the falls risk assessment and plan provided by Older Persons Mental Health, these risk management strategies are not specific to the context of Consumer C being out of the service independently in the community. The falls risks assessment identifies strategies which require staff supervision and assistance and the Older Persons Mental Health plan did not have specific strategies associated with leaving the service independently but had strategies which could be considered in developing specific risk mitigation strategies.

I acknowledge that Consumer C’s medical officer asserts the consumer has been supported to take risks to live their best life for several years. However, I consider the absence of a specific risk assessment associated with Consumer C leaving the service independently has not demonstrated that the consumer understood the risks or potential outcomes associated with this activity. Additionally, at the time of the Site Audit, I have considered that there were not specific or planned risk mitigation strategies to support the consumer to take these risks in the safest manner but balancing the consumer’s self-determination and right to take risks to live their best life.

For the reasons detailed above, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s, this was not specifically in relation to this Standard.

The Assessment Team found that overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Specific examples provided by consumers included:

* Indicated on entry to the service, they were provided with information about assessment and care planning and were asked questions about what they needed.
* One consumer representative stated they were provided with a copy of an advance care plan to consider prior to the consumer’s entry.
* Two representatives confirmed they are informed of any changes.
* Aware of care plan documentation and said staff discuss care plans with them.
* Indicated they are involved in care plan reviews and discussions regarding changes to care and services.

Consumer files sampled demonstrated a comprehensive assessment and planning process is initiated for each consumer on entry to the service to develop individualised care plans. This includes processes to consult with consumers/representatives and other health specialists. It also identifies consumers’ preferences, needs and goals, inclusive of advance care planning or end of life wishes where consumers are happy to discuss. Case conferences are held where required and are documented. Reassessments are completed where required, including when there are changes to consumers’ condition/needs, following an incident, returning from hospital and through the four-monthly reassessment process.

Staff interviewed were able to demonstrate knowledge of consumers’ needs and preferences, including strategies and supports to provide end of life care and identify consumers’ needs and preferences at this stage of life. Staff were able to describe referral processes used to support effective assessment and care planning.

The service has policies and procedures to guide assessment and care planning processes and monitors compliance with assessment and planning processes through annual audits. A care plan review flow chart is maintained to guide staff practice and responsibilities, and there are processes used for ongoing review of progress notes, medication charts and care plans to identify need for reassessment.

Based on the Assessment Team’s report, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended all Requirements in this Standard as met. However, based on information and evidence presented in Requirement (3)(a), and the response from the Approved Provider, I have come to a different view from the Assessment Team in relation to Requirement (3)(a) in this Standard. I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in this Standard, the Assessment Team found overall, consumers consider they receive personal care and clinical care that is safe and right for them. Specific examples provided by consumers included:

* Are confident staff would recognise, report, and manage any issues with their health and well-being.
* Two consumers stated they receive medications on time.
* Two representatives indicated consumers’ care needs were discussed on entry and they are invited to case conferences.
* Confirmed they are reviewed and able to see medical officers, allied health and other health professionals.
* One consumer was satisfied with the management and prescription of antibiotics.

Staff interviewed were able to describe high impact or high prevalence risks associated with the care of consumers and how these are identified. They were also able to describe the way care delivery changes for consumers nearing end of life and practical ways consumers’ comfort is maximised near the end of life. Staff provided examples of when consumers’ health deteriorates and how this is responded to on an individual basis. Staff confirmed they have access to consumers’ care and clinical information to ensure they provide appropriate care. Staff were aware of referral processes and confirmed they are updated in relation to changes to care after consumer reviews by health professionals. Staff were able to demonstrate an understanding of practices to minimise transmission of infection.

The service maintains a high risk register for consumers who have high impact or high prevalence risks associated with their care. Specifically, consumers with responsive behaviours were found to have behaviour support plans with specific strategies. A consumer’s palliative assessment and plan was inclusive of strategies to support the consumer’s pain management and comfort. Sampled consumers’ files demonstrated referrals to a range of health professionals.

Care documents, including progress notes and handover documents ensure staff are provided with information about consumers’ condition, needs and preferences. The service maintains procedures relating to infection control and practices to reduce the risk of antibiotics.

Based on the Assessment Team’s report, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 able to demonstrate that each consumer gets and safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. They found consumers and representatives interviewed are confident staff know what they are doing and would recognise, report and manage any issues with consumers’ health and well-being. In relation to specific areas of care the Assessment Team found:

* Where restraint is used, authorisation and management forms are utilised, alternatives to restraint are trialled, and monitoring of restraint is undertaken.
* Skin assessments using validated tools are used to identify consumer needs and where changes to skin integrity are identified, incident forms or wound plans are initiated or care plans updated.
* Pain charting is used when there are changes to pain medication, post incident, return from hospital or when pain is identified. Sampled consumers’ progress notes indicate pain charting is evaluated and changes made to care plans.

However, information and evidence presented in the Assessment Team’s report in this Requirement demonstrates that in relation to diabetes management, two consumers have not been provided clinical care which is in accordance with their needs and prescribed monitoring regimes to optimise their health and well-being. The Assessment Team provided the following information and evidence relevant to diabetes and my finding for this Requirement:

* A consumer’s (Consumer A) diabetic care plan directs staff to re-check the consumer’s blood glucose level following administration of ‘as required’ insulin, and report to the medical officer if the blood glucose level remains outside the prescribed desirable range.
	+ Progress notes, medication charts and blood glucose monitoring charts demonstrate in an approximate two-week period, staff did not record Consumer A’s blood glucose level on 12 of 15 occasions when as required insulin was administered. However, the Assessment Team notes that staff monitored for signs and symptoms of a hypoglycaemic attack.
* A consumer’s (Consumer B) diabetic care plan directs staff to re-check the consumer’s blood glucose level following administration of as required insulin, and to report to the medical officer if the blood glucose level remains outside the prescribed desirable range.
	+ In an approximate five-week period, Consumer B’s blood glucose level was not recorded on 11 occasions when as required insulin was administered.
	+ On three occasions when Consumer B’s blood glucose level was re-checked following administration of as required insulin, two blood glucose level readings were outside of the prescribed desirable range but not reported to the medical officer.
* Three of four clinical staff were able to demonstrate knowledge in relation to blood glucose monitoring and conducting follow-up blood glucose readings after administering as required insulin.
* The Assessment Team discussed diabetes management for Consumers A and B with management who informed the Assessment Team that in response to the feedback, 17 staff have been enrolled in diabetic management training.

The Approved Provider submitted a response to the Assessment Team’s report and included further updates and additional actions taken to address the issues associated with diabetes management, including (but not limited to):

* Sent communication out to all staff regarding the identified gaps and an action plan to improve clinical practices.
* A continuous improvement plan was developed, including that staff complete diabetic management training.
* Weekly audits of all blood glucose levels will be undertaken to ensure appropriate follow-up actions. Audits have identified an improvement in practice following education.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with this Requirement.

I acknowledge the actions and improvements undertaken to rectify to deficiencies associated with diabetes management and that staff were able to demonstrate knowledge of monitoring blood glucose levels following administration of as required insulin. However, I find at the time of the Site Audit, staff were not providing clinical care in accordance with two consumers’ specified diabetic management plans to ensure their health and well-being was optimised.

In coming to my finding, I have considered that Consumer A and B had prescribed care plans to support effective management, monitoring, and evaluation of their diabetes. However, staff did not effectively implement these plans on several occasions, to optimise the management of the consumers’ diabetes. I have considered that the failure of staff to monitor blood glucose levels following administration of as required insulin has not ensured the consumers are being provided with safe and effective care and impacts upon the efficacy of the evaluation and review of the diabetes management plans, in both acute situations and the long-term overall diabetes management to ensure optimal blood glucose control.

For the reasons detailed above, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s report, this was not specifically in relation to this Standard.

The Assessment Team found that overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to things they want to do. Specific examples provided by consumers included:

* Examples of how staff support their independence and choices.
* Feel the service provides them with emotional and spiritual support, such as referring to external services, including pastoral care.
* Examples of how the service provides activities and supports to participate in the community, have personal relationships and do things of interest to them, including activities within and outside the service.
* Staff are aware of their needs, conditions and preferences.
* Most consumers indicated the meals are enjoyable and are of suitable quality and quantity.

Care planning documents demonstrated consumers’ preferences, needs and goals were in accordance with information provided by sampled consumers. Staff were able to demonstrate understanding of consumers’ needs and preferences in accordance with care plans. The development of the activities program is based on consumers’ interests, feedback and ideas. The Assessment Team observed consumers to be engaging in activities at periods during the Site Audit, and participation records for sampled consumers indicated active participation every two to three days.

Staff provided examples of how they support consumers’ emotional, spiritual and psychological needs which were in accordance with consumers’ care plans. Supports include cultural days, church services, one-to-one visits and video calls when visiting restrictions are imposed. The activities planner included spiritual and cultural activities.

Care planning documents included information in relation to maintaining relationships, interests and participation in the community. Staff provided examples of how they support individual consumers in this aspect by modifying equipment for activities to support physical impairments, and processes in place for reinstating the bus trips.

Information about consumers is communicated to relevant personnel and other organisations/services through care plans, handover, assessments, progress notes and meetings. The Assessment Team did identify some dietary information which was not being communicated in accordance with the service’s processes, however, management were able to confirm this practice would be rectified.

The Assessment Team observed external services being provided onsite and the activities calendar was inclusive of external services. Care plans sampled reflect involvement with other organisations to support consumers.

The service has a summer and winter menu which is reviewed by a dietitian to ensure nutritional requirements are met, with monthly food focus groups held to ensure consumer feedback is used to improve meals and the dining room experience. Consumers’ dietary needs and preferences are identified, including allergies, likes, dislikes and cultural/religious preferences on entry and are also reviewed on a regular basis. Additionally, consumers have two meal options available at meal service. Staff were observed to be using food safety strategies when handling and managing food.

The Assessment Team observed equipment used by lifestyle staff to be clean and well maintained and staff confirmed they have access to equipment to support consumers.

Based on the Assessment Team’s report, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s report, this was not specifically in relation to this Standard.

The Assessment Team found that overall, sampled consumers considered that they feel safe and comfortable in the organisation’s service environment. Specific examples provided by consumers included:

* Feel safe, can navigate the service environment and are able to personalise their rooms.
* Can access outdoor areas.
* Satisfied with cleanliness of the environment and feel safe when using furniture and equipment.

The Assessment Team observed consumers using communal areas, with access to outdoor areas which consumers were freely accessing. Consumers’ rooms were observed to be personalised with consumers’ own furniture and fittings. The Assessment Team also observed the service environment to be clean and well-maintained, with furniture, fittings and equipment appearing to be safe, clean and well maintained.

The Assessment Team observed the outdoor designated smoking area can only be accessed via a pin code to unlock the door from inside, with the only way back inside from this area is for consumers to press the call bell and wait for staff assistance. While consumers who use this area indicated they do not have to wait long for staff to open door when they are outside, management indicated they would consider installing a pin code pad in the outside area.

Staff were able to describe improvements made to enhance the service environment and processes used to report hazards and maintain the service environment, furniture, fittings and equipment. Staff indicated they have access to adequate equipment and can use equipment safely in accordance with their training.

Maintenance and cleaning documentation demonstrated regular and reactive actions are taken in accordance with schedules and requests.

Based on the Assessment Team’s report, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s report, this was not specifically in relation to this Standard.

The Assessment Team found that overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to feedback and complaints. Specific examples provided by consumers included:

* Described how they can provide feedback if they want to through speaking with staff, family or management and how they also use representatives as advocates.
* Staff and management respond to their satisfaction when they raise concerns.
* Indicated they are satisfied the service uses feedback to improve the quality of care and services.

Staff and management interviewed described how they encourage and respond to consumers’ issues or concerns. They provided specific examples of how they use and respond to feedback to improve care and services.

The Assessment Team observed feedback forms and suggestion boxes and information relating to external complaints processes and advocacy services. They also found consumers are provided opportunities to provide feedback through care reviews and case conferences, surveys, food focus groups and resident/relative meetings.

Consumers’ welcome packs include information about feedback processes, including information about external complaints processes. A feedback and complaints register is maintained and demonstrated complaints are addressed and documented, including the use of open disclosure processes.

Based on the Assessment Team’s report, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s report, this not specifically in relation to this Standard.

The Assessment Team found that overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Specific examples provided by consumers included:

* There are adequate numbers of staff to meet their needs and most indicated call bells are responded to in a timely manner.
* Complimentary of staff and confirmed staff are kind, caring and respectful.
* Staff are skilled and knowledgeable to meet their care and service needs and find that staff appear to know what they are doing.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

Overall, staff interviewed confirmed there are adequate staff numbers to attend to consumers’ needs and preferences, including responding to calls bells. Staff described how they demonstrate respect towards consumers, including supporting and respecting consumers’ choices. Staff confirmed they are provided with education and training opportunities, including mandatory and optional sessions, and feel supported to undertake their roles. Management were able to describe processes used to fill shifts, including unplanned leave, and processes used to respond to and monitor call bell response times. They also described processes used to monitor staff competency, including through incident data/forms, audits, feedback, supervision, observation and competency testing. Education and training programs are developed based on these monitoring processes, staff performance issues and appraisals. Management were able to describe an example of performance management of a staff member which was initiated from clinical indicator data.

The staffing roster demonstrated all allocated shifts were filled, including replacement of unallocated shifts. Qualifications, professional registrations and training records are maintained and inform shift allocation. Training records also demonstrated sessions are provided in relation to increases in trends in clinical incidents. Documentation demonstrated there are processes for the recruitment and onboarding of new staff and staff participate in an annual performance appraisal.

Based on the Assessment Team’s report, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s report, this was not specifically in relation to this Standard.

The Assessment Team found that overall, sampled consumers considered that the organisation is well run and they can partner in improving the delivery of care and services. Specific examples provided by consumers included:

* Feel engaged at the service through ongoing communication with staff and feedback processes.
* Have input about care and services.

Management and staff were able to provide examples of consumer engagement and how this information influences the delivery of care and services. They advised they engage consumers through care and service reviews, case conferences, surveys, feedback processes, food focus groups and resident/relative meetings.

Management were able to describe how the governing body promotes a culture of safe, inclusive and quality care through ongoing monitoring of organisational key performance indicators, inclusive of critical incidents, internal and external complaints and feedback, audits and quality indicators. The organisation has strategic and business plans which focus on consumer centred care and services and management were able to provide an example of where the governing body initiated changes in response to consumer feedback.

The organisation was able to demonstrate an established, documented and effective organisation-wide governance system in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. Specifically:

The service’s information technology systems support the management of consumers’ information, including provision of access for relevant personnel with measures to ensure the information is only access by authorised personnel. Staff are provided with relevant information through several mediums, such as handover, electronic care systems, meetings, and policies and procedures. Consumers are provided with written and verbal communication about the care and services on entry and on an ongoing basis.

The service uses a range of mechanisms to identify continuous improvement opportunities, and management provided examples of improvements.

Management provided examples of recent equipment purchases made to support consumers’ needs.

Organisational policies and processes include workforce recruitment and selection, learning and development, and performance management, with the assignment of responsibilities and accountabilities through position descriptions and duty statements.

The organisation is updated with regulatory and legislative changes through peak bodies, and State and Commonwealth bodies. Management were able to describe and demonstrate communication about changes to legislation in relation to restrictive practices, serious incident response scheme and COVID-19 requirements.

Feedback and complaints are monitored for trends and internal and external complaints are reported to the governing body.

The organisation was able to demonstrate an effective and documented risk management system, inclusive of policies and procedures relating to roles, responsibilities, monitoring and reporting processes. In relation to managing high impact or high prevalence risks associated with the care of consumers, these are identified on entry and reviewed following incidents or changes, and a high risk register is maintained and monitored through daily update and review. In relation to identifying and responding to abuse, staff monitor potential incidents through daily review of progress notes, incident reports, feedback, audits, and observations, with allegations or suspicions reported and recorded in accordance with the serious incident response scheme legislation. In relation to supporting consumers to live their best life, management provided examples of how consumers are supported to engage in activities of their choosing, however, this has not occurred for one consumer, please refer to Standard 1 Requirement (3)(d) for further information. In relation to managing and preventing incidents, staff have been provided training and systems updated in response to the serious incident response scheme legislation, including maintenance of register which demonstrated actions, investigations and reporting for incidents.

The organisation has a clinical governance framework, including, but not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumer clinical incidents are monitored, trended, analysed and reported to the clinical governance committee and governing body. Infections and antibiotic use are also monitored and reported to these two groups. The service maintains a restrictive practice register and behaviour support plans have been implemented for relevant consumers. Clinical care documentation supports the use of open disclosure following clinical incidents.

Based on the Assessment Team’s report, I find Hahndorf Holding Pty Ltd, in relation to Rose Court Aged Care Facility, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

* **In relation to Standard 1 Requirement (3)(d):**
	+ Ensure each consumer is supported to take risks to enable to live the best life they can, including the implementation and monitoring of risk mitigation strategies to ensure consumers are engaging in activities in the safest manner and are fully aware of potential negative outcomes.
* **In relation to Standard 3 Requirement (3)(a):**
	+ Ensure staff implement strategies and care in accordance with consumer’s prescribed regimes/care plans, inclusive of diabetic management plans.
	+ Ensure staff provide clinical care in accordance with best practice and consumers’ individual plans to optimise their health and well-being.