Semaphore Residential Aged Care

Performance Report

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**Commission ID:** 6194

**Provider name:** Rosha Pty Ltd

**Site Audit date:** 19 April 2021 to 20 April 2021

**Date of Performance Report:** 4 June 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 10 May 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

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

The Assessment Team found overall, consumers sampled confirmed 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. The following examples were provided by consumers during interviews with the Assessment Team:

* personal privacy is always respected. were complimentary about how they are treated and described staff as “kind”, “lovely” and “respectful”.
* receive information they need to enable them to make decisions and exercise choice.
* confirmed their personal privacy is always respected.

The service has initial and ongoing assessment and planning processes to identify each consumer’s interests, beliefs, cultural and spiritual needs. Consumers sampled confirmed staff value their culture and diversity and understand their needs and preferences. Staff sampled demonstrated knowledge and awareness of how care and services are delivered in line with consumers’ cultural needs and preferences.

The Assessment Team observed staff treating consumers with dignity and respect. Additionally, consumers and representatives sampled confirmed consumers’ identity, culture and diversity were valued and celebrated. Staff sampled spoke about consumers in a respectful manner and demonstrated compassion and an understanding of their personal circumstances and life journey. Organisational documents outline what it means to treat consumers with respect and demonstrated the organisation is committed to ensuring a culture of inclusion and respect for consumers.

Staff sampled described how they support consumers to make their own decisions in relation to care and services. Consumers confirmed they are supported to exercise choice and independence, communicate their decisions and decide who is involved in their care. Additionally, consumers described being supported to make connections with others and maintain relationships of choice.

Consumers sampled confirmed they are supported to take risks and do not feel restricted in their movements or activity of choice. Care files sampled demonstrated Risk assessments had been completed for consumers who chose to partake in activities which include an element of risk. Additionally, care plans outline perceived risks, personal goals and strategies to minimise risk of harm. Consumers sampled stated staff had discussed risks with them and described strategies they and staff implement to mitigate risks.

Documentation viewed by the Assessment Team demonstrated information provided to consumers is current, accurate and timely. Consumers sampled confirmed communication was clear, easy to understand and enabled them to exercise choice. Consumers also confirmed staff respect their personal privacy and their personal information is kept confidential. Staff provided examples of how they respect consumer privacy and these practices were observed by the Assessment Team during the Site Audit.

The Assessment Team found the organisation has monitoring processes to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Semaphore Residential Aged Care, to be Compliant with all Requirements 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) Compliant

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found that overall, consumers sampled confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* described occasions where they have been involved in, or informed of, assessment and planning and the care plan review process.
* consumers have a say in their daily activities and the way they want their care and services provided.
* confirmed consumers’ needs, goals and preferences had been recognised and influenced the delivery of care.
* are notified of the occurrence of consumer incidents and outcomes promptly.

A range of clinical, personal and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop detailed care plans which incorporate each consumer’s goals, needs and preferences. Care files sampled included a variety of clinical risk assessment tools, including for skin, falls, pain and nutrition and hydration. Additionally, care files included individualised strategies to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Consumers confirmed their care plan reflects their needs, goals and preferences and staff discuss their care plans with them regularly. Staff sampled confirmed consumer care plans included sufficient information to guide care and services.

Consumers and/or representatives stated, and consumer files viewed demonstrated information relating to consumers’ advance care planning and end of life planning needs and preferences are discussed on entry. All care files sampled included an advance care plan.

Care planning documents sampled demonstrated consumers and/or representatives are involved in assessment and care planning processes. This was confirmed through feedback provided by consumers and representatives. Consumers and representatives also stated they are aware of care planning documents and are contacted by clinical staff or management if there are any changes with consumers’ circumstances. Additionally, representatives confirmed they had been involved in care plan reviews and described the process as a positive experience.

Care files sampled demonstrated care and services are regularly reviewed, including where consumers’ circumstances change or when incidents occur. Where changes to consumers’ health and well-being had been identified, reassessments had been completed, care plans updated, management strategies reviewed and representatives and Medical officers notified. Care files demonstrated regular input from Medical officers and allied health professionals occurs.

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

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Semaphore Residential Aged Care, 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-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

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

The Assessment Team have recommended Requirement (3)(g) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(g). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* receive the care they need, including in relation to management of wounds, medication, diabetes, continence, sensory and pain.
* confirmed staff had attended promptly following falls.
* satisfied with the personal and clinical care provided and felt their needs and preferences were known by staff.
* confirmed they had regular input from the multidisciplinary team and had access to Medical officers and allied health professionals when needed.

A range of assessments are completed on entry and on an ongoing basis to identify each consumer’s needs and preferences. Information gathered , including through consultation with consumers and/or representatives, is used to develop detailed care plans ensuring management strategies are tailored to consumers’ needs and optimises their health and well-being.

A range of policies and procedures in line with best practice care are available to guide staff practice. Clinical staff sampled stated they have access to policies and procedures and described how they could access further information on best practice care where required. Consumer files sampled demonstrated best practice care in relation to management of restraint, skin and pain.

High-impact or high-prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs. Areas of risk viewed by the Assessment Team in consumer files included behaviours, nutrition and hydration, skin, falls, pain and behaviour management. Care staff described management strategies to minimise impact of risks relating to two consumers sampled which were in line with the consumers’ care plans.

Care files sampled demonstrated the needs, goals and preferences of consumers nearing the end of life are identified. A consumer’s care file sampled demonstrated representatives and the Medical officer had been informed of the consumer’s care and deteriorating condition and discussions relating to end of life management had occurred. Additionally, an End of life pathway had been completed and the consumer’s end of life wishes identified. Documentation sampled demonstrated care is being provided to the consumer in a manner which maximises their comfort, preserves their dignity and addresses their needs. Staff described how delivery of care is altered during the palliative phase and how they provide care in a way which promotes consumers’ privacy, dignity and respect.

Documentation viewed by the Assessment Team demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Staff demonstrated familiarity with consumers’ current care needs and stated they raise concerns relating to consumers’ health and well-being to clinical staff. Care files sampled demonstrated where changes to consumers’ condition, needs and preferences had occurred, assessments had been commenced, referrals to Medical officers and/or allied health professionals initiated and changes to care plans, including management strategies implemented.

Clinical staff described processes for referring consumers to Medical officers and allied health professionals and explained how recommendations are initiated and incorporated into care planning documents. Consumers and representatives confirmed consumers are referred to Medical officers and/or allied health professionals as required and Medical officers and allied health professionals have regular input into consumers’ care. Staff stated they are notified of changes to consumers’ care and service needs.

The Assessment Team found the organisation has monitoring processes to ensure delivery of safe and effective personal and clinical care, in accordance with consumers’ needs, goals and preferences to optimise health and well-being.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Semaphore Residential Aged Care, Non-compliant with Requirement (3)(g) and Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) and in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

### 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) Non-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.*

The Assessment Team found the service demonstrated effective standard and transmission based precautions to prevent and control infection. However, the Assessment Team were not satisfied the service demonstrated practices to promote appropriate antibiotic prescribing and use, specifically in relation to one consumer. The Assessment Team provided the following evidence:

* Over a three month period, a consumer received three full courses of antibiotics and one course which was ceased after four days for a chest infection.
* Sputum samples, diagnostic testing, including for COVID-19 or a chest x-ray had not been initiated to determine the type and/or source of infection to support appropriate antibiotic prescribing.
* The Antimicrobial prescribing and usage minimisation procedure does not provide specific guidance relating to when sputum samples should be collected.

The provider’s response included information and supporting documentation directly addressing information in the Assessment Team’s report. The provider’s response demonstrates actions to address the issues identified by the Assessment Team have been implemented. Actions implemented include, but are not limited to:

* The consumer was reviewed by the Medical officer following the Site Audit. Diagnostic testing indicated no abnormalities detected.
* Undertaken discussions and reflective practice processes with three clinical staff involved in the consumer’s care.
* Developed a Suspected respiratory or chest infection procedure. The procedure guides staff to consider alternatives to antibiotic therapy and to liaise with the Medical officer in relation to sputum samples and COVID-19 testing.
* The procedure has been ratified and disseminated to required staff.
* To improve clinical monitoring and overall clinical governance processes, a weekly clinical meeting has been implemented to discuss care planning for high risk consumers
* Meetings held with clinical and care staff included discussions relating to infection control procedures and the antimicrobial prescribing and usage minimisation procedure.
* Corresponded with Medical officers relating to antimicrobial stewardship principles and provided them with the Antimicrobial prescribing and usage minimisation procedure.
* Collated and analysed consumer chest infection data, including respiratory viral test swabbing for a 12 month period. Results demonstrated 25 chest infections identified and 18 respiratory viral test swabs had occurred during this period.

I acknowledge the provider’s proactive response to address the deficiencies identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, staff practices did not effectively promote appropriate antibiotic use to reduce the risk of antimicrobial resistance. For the consumer highlighted, three full courses and one part course of antibiotics were prescribed for a chest infection over a period of three months. However, further investigative measures were not initiated to determine the type and/or source of infection to support appropriate antibiotic use. Additionally, the organisation’s procedure relating to antimicrobial prescribing, which guides staff practice, did not provide sufficient information relating to diagnostic testing prior to commencement of antimicrobials.

For the reasons detailed above, I find Rosha Pty Ltd, in relation to Semaphore Residential Aged Care, Non-compliant with Requirement (3)(g) in Standard 3.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

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

* confirmed they are able to maintain independence and do what is important to them.
* are supported to have and maintain social and personal relationships.
* their condition, needs and preferences have been identified and are known by staff.
* are referred to appropriate allied health professionals as required and referrals are timely.

Initial and ongoing assessment processes assist to identify each consumer’s goals, needs and preferences relating to lifestyle and activities and emotional, spiritual and cultural support. Additionally, consumers’ life history, past interests and activities and current lifestyle choices are also identified and were noted to be reflected in care plans sampled. Staff demonstrated an understanding of consumers’ needs and preferences and how they provide supports which optimise consumers’ independence, health, well-being and quality of life. Consumers sampled stated staff are supportive of their emotional, spiritual and psychological well-being and confirmed staff regularly check on their well-being.

Lifestyle staff described how the group activity program is developed and tailored to consumers’ interests. The activities calendar is devised each month based on consumers’ preferences and requests. The activities calendar included a range of activities and consumers were observed to be engaged in the program and one-to-one activities throughout the Site Audit. Consumer engagement with the activities program is monitored and additional supports for consumers are implemented where required. Consumers sampled stated they are always informed of the activities and events that are taking place and are invited to join in.

Consumer files sampled demonstrated consumers’ emotional, spiritual and psychological well-being needs and preferences are identified and assessed and support strategies developed. Staff provide emotional support to consumers on a regular basis, including in a group setting or on a one-to one basis. Lifestyle care plans identify relationships important to the consumer and staff described how they support consumers to participate in the community both within and outside of the service. Care files demonstrated involvement of other organisations and providers in the provision of care and services. Where required, appropriate and timely referrals are initiated for the provision of lifestyle supports, including to spiritual leaders and hearing services. Care files included information about consumers’ conditions, needs and preferences and there are processes to communicate this information within the service and with others where responsibility is shared.

Most consumers sampled provided positive feedback about the food, stating meals were of suitable quality and quantity. Consumers’ dietary needs and preferences are identified on entry and incorporated into assessments and care plans. Additionally, recommendations following allied health professional reviews, such as Dietitians and Speech pathologists, are incorporated into care plans and notifications to catering staff provided. Dietary information is provided to and used by catering staff to ensure meals provided are in line with consumers’ preferences and assessed needs. A weekly menu is in place which is developed in response to seasonal produce, cultural activities and consumer preferences. Consumers provide feedback on the menu through a range of avenues, including surveys, feedback mechanisms and meeting forums.

Equipment provided was observed to be safe, suitable and well maintained. Equipment is monitored through a reactive and preventative maintenance program. Staff sampled confirmed they had received training relating to use of equipment and described processes for reporting maintenance requests and hazards. Consumers stated the equipment appears well maintained and staff were competent in using the equipment.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Semaphore Residential Aged Care, 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 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

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

The Assessment Team found overall, consumers sampled considered they feel they belong in the service, can move freely both indoors and outdoors and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* felt the service environment was safe, welcoming, easy to navigate and nicely furnished.
* confirmed they are able to bring in items from their home to personalise their rooms and enjoyed making it their own.
* felt safe and reported the environment, including their bedrooms were clean and well maintained.
* confirmed furniture, fittings and equipment are well maintained and suitable for their needs.

The Assessment Team observed the service environment to have a home like feel and was welcoming, easy to navigate and well lit. The environment is furnished with paintings, armchairs and reading material and rooms are numbered and include consumer names to enable navigation. Handrails are located along the entirety of corridors, in addition to grab rails in bathrooms, to assist with mobility. Consumer rooms were observed to be decorated and furnished with consumers’ own belongings and in a manner that reflected their sense of identity.

The environment was safe, clean and well maintained. Fire exits were clear and well sign posted and a designated smoking area included appropriate safety equipment. Consumers were observed moving freely indoors and, for those with access to outdoor areas, such as internal patios or the veranda, could access outdoors freely. The Assessment Team were informed all other consumers are required to request staff assistance to access outdoor areas, however, consumers sampled confirmed they were satisfied with this arrangement.

Furniture, fittings and equipment were noted to be safe, clean, well maintained and suitable for consumers. Staff sampled stated training is provided in relation to equipment and consumers confirmed they felt safe when staff use the equipment to assist them with care and services.

There are preventative and reactive maintenance processes and staff described how they identify and report maintenance tasks and confirmed maintenance issues are investigated, actioned and resolved. Contracted services are utilised to maintain and inspect the environment and equipment, including fire safety equipment. Cleaning processes are guided by schedules ensuring all areas of the service are regularly cleaned. The environment was observed to be clean and staff were observed to clean the environment frequently throughout the Site Audit.

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

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Semaphore Residential Aged Care, 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 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

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

The Assessment Team found overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* feel supported to provide feedback and make complaints when they need to.
* feel comfortable to discuss any issues directly with staff and management.
* management work closely with them to ensure feedback is actioned promptly.
* service improvements are identified and implemented in response to feedback.

Consumers are provided with information in relation to internal and external complaint avenues and advocacy services on entry. Information in relation to complaints processes and advocacy was also observed displayed around the service, readily accessible to consumers, representatives, staff and others. Staff sampled described how they support consumers and representatives to provide feedback and how they would respond when an issue is raised.

Consumers and representatives are encouraged to provide feedback through a range of avenues, including feedback forms, surveys, care plan review processes and meeting forums. Management described how they respond to suggestions, feedback and complaints and how this is documented and actioned. A Feedback register is maintained, however, the Assessment Team noted actions taken in response to feedback and if the complaint was ongoing or resolved were not consistently documented. Feedback forms sampled did include details of actions taken in response to the feedback received.

Policy and procedure documents are available to guide staff and ensure feedback in response to complaints is identified, captured, actioned and reviewed. Staff sampled demonstrated an awareness of the complaints process, including open disclosure. Management provided an example of a complaint where an open disclosure approach had been applied.

The service demonstrated how feedback and complaints are reviewed and used to improve the quality of care and services. Management described how complaints data is monitored and improvement opportunities identified. A Continuous improvement log included suggestions resulting from feedback and monthly reporting processes demonstrated suggestions, complaints and feedback are analysed and improvement actions reported.

The Assessment Team found the organisation has monitoring processes to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Semaphore Residential Aged Care, 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 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

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

The Assessment Team found overall, consumers sampled considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* there are enough staff and they are adequately trained to meet consumers’ clinical and care needs.
* staff are kind and caring. Staff treat consumers with respect, are responsive to their needs and understand their preferences and interests.
* staff are well trained and are competent to perform their roles.
* satisfied with the skills and knowledge of staff.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. There are processes to ensure the skill mix of employees is considered, in addition to staffing levels, based on occupancy rates and acuity of consumers. Management stated in response to an increase in consumer falls, additional hours were added to the morning shift and staff education relating to falls management was provided. In response to the actions initiated, the incidence of consumer falls reduced. A casual staff pool is utilised to assist with management of planned and unplanned leave; agency staff are not used by the service. Most consumers and representatives sampled confirmed there are sufficient numbers of staff. Additionally, most staff sampled indicated they have sufficient time to complete their tasks and would alert management if they were unable to complete their duties.

Staff were observed interacting with consumers in a calm, caring and positive manner and were not observed to be rushing consumers. Staff sampled described what they would do if they observed a member of staff being disrespectful or unkind to consumers, including reporting their observations to management.

Recruitment and initial onboarding processes ensure the workforce have the relevant qualifications and are competent to perform their roles. An initial induction process includes orientation training, buddy shifts and role specific mandatory training components. An annual training program is in place for all staff and includes mandatory training topics; there are processes to monitor attendance. Training records sampled demonstrated staff have completed mandatory training requirement.

A staff performance appraisal and development process is in place, including probationary and annual reviews. Management described how staff performance is monitored, including through competency-based assessment and a self-reflection process. Staff sampled stated they participate in probationary and annual performance reviews which provide them an opportunity to discuss their performance and identify areas they require further support in. Management also described the service’s performance management processes, implemented where poor staff performance is identified.

The Assessment Team found the organisation has monitoring processes in place to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Semaphore Residential Aged Care, 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 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

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

The Assessment Team found overall, sampled consumers considered the organisation is well run and they can partner in improving the delivery of care and services. Consumer input is sought through meeting forums, surveys, feedback mechanisms and care plan review processes. Consumers sampled stated they are able to provide feedback on the way care and services are delivered. Additionally, consumers stated they can participate in meetings and provide suggestions to staff to inform the delivery of their care and services. Improvement initiatives are communicated to consumers verbally and through meeting forums.

The organisation demonstrated how the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. A range or reporting mechanisms are in place to ensure the provider is aware of and accountable for the delivery of services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported at various service and organisational meeting forums.

The organisation has a documented risk management framework which includes managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. An effective incident management system is in place and enables incidents to be identified, responded to and, where required, reported in line with the Serious Incident Response Scheme requirements.

The service has a clinical governance framework which is supported by a range of policies and procedures to guide staff practice. The framework includes but is not limited to open disclosure and minimising the use of restraint. Staff sampled demonstrated an awareness of these policies and described how they implement these within the scope of their roles. Whilst processes are in place relating to antimicrobial stewardship, the Assessment Team were not satisfied these processes had been promoted or used in the care of one consumer. This information has been considered in my finding for Requirement (3)(g) in Standard 3.

The Assessment Team found the organisation has monitoring processes to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Based on the evidence documented above, I find Rosha Pty Ltd, in relation to Semaphore Residential Aged Care, 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.

**Standard 3 Requirement (3)(g)**

* Ensure staff have the skills and knowledge to:
* implement practices to promote appropriate antibiotic use.
* liaise with Medical officers to ensure appropriate investigative measures are initiated prior to commencement of antimicrobials.
* Ensure policies, procedures and guidelines in relation to antimicrobial prescribing and usage are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to antimicrobial prescribing and usage.