Serene Residential Care Services

Performance Report

1 Myzantha Street   
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**Commission ID:** 6820

**Provider name:** Blu Dawn Pty Ltd

**Site Audit date:** 7 December 2020 to 8 December 2020

**Date of Performance Report:** 16 March 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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** | **Non-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) | Non-compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 23 December 2020

# 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 the aged care consumers interviewed believe they are treated with dignity and respect, they can maintain their identity, make informed choices about their care and live the life they choose. Consumers said staff are caring, always kind and respectful and they meet their cultural needs. The care planning documents were tailored for each consumer and reflected their care needs.

The staff were observed interacting with consumers, making sure they had eye contact when communicating. The staff could describe the consumers’ likes and dislikes, the consumers’ background and showed an understanding of how this guided the consumer preferences for their care delivery.

The service holds multicultural days throughout the year and arranges for offsite excursions to experience variety of cultural food, music, dance and artwork. The service also offers individualised special trips to cultural clubs and Foxtel is provided for consumers who wish to watch television in their first language. Some staff were seen communicating with consumers in their native language and others were taking the time to learn basic words to build relationships and manage the consumers’ needs. Both the consumer and the representatives sampled said the staff understood consumers’ cultural and spiritual needs and preferences.

The Assessment Team found the consumers are supported to exercise choice and independence, make decisions when representatives are involved in their care and maintain relationships of choice. The staff could clearly advise which consumers liked their privacy in their rooms and how they respected this choice, they described how they supported the consumers to attend outings of their choice and they encouraged visitors to attend the service at times that supported the consumers. The care plan documentation sampled listed the goals, preferences and needs of the consumer and how they like their care delivered.

The service demonstrates how it supports the consumer to take risks enabling them to live the best life they can. Consumers sampled said the service allows me to make choices and they spend the time to talk through any risks associated with those choices. Consumers said, they can leave the service to smoke (smoke free zone), others can leave the service with friends/relatives to visit the shops or go out for dinner and some like to consume alcohol and the service facilitates this by offering supervised ‘happy hour events’.

The consumer and representatives sampled said they receive information that is current, accurate and timely and is communicated in a manner that is clear, easy to understand and enables them to make choices. They said they are provided with the service activity schedule and consumers can choose the activities they want to participate in. They said information is provided via resident meetings, speaking with staff and is also displayed on the noticeboard (activities schedule, COViD updates, food menu’s). Staff acknowledged the importance of delivering messages via differing methods to suit consumers with cognitive and/or other impairment. The Assessment Team sited ‘translation cards’ to assist the staff communicate where English is not the consumer’s first language.

The Assessment Team acknowledges the service was able to demonstrate how the consumer’s privacy is managed and respected, how they ensure staff are informed and trained in their responsibilities and how it aligns with the privacy policy and procedures. However, the Assessment Team recommended that the office area containing the consumers’ sensitive information should be restricted with a separate access code. Consumers advised they have privacy in their rooms when they have visitors, and/or an alternative space is found, and the staff wait to be invited into their rooms.

The Assessment Team found the organisation has processes implemented to monitor Standard 1, ensuring it delivers a culture of inclusion, supports consumer choice and independence whilst respecting consumer privacy.

## 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, the aged care consumers felt like partners in the assessment and planning of their care and they were supported to take risks and provided with options to live the best life possible. Representatives supported this and said the initial assessment occurs during the admission stage, is ongoing and is consistent with what is documented in the consumers’ case conference records.

Care planning documentation showed risks are incorporated into the consumer care plans noting that various assessments have been conducted to inform the best care delivery. Risk assessments included falls, risk of pressure injuries, weight loss and cognitive impairments. The Assessment Team were advised these assessments were managed by the Clinical and Registered Nurses who in turn had further discussions with the consumers and/or representatives. The timing of these assessments is on an as need basis and scheduled by the Clinical Nurse at the service.

Staff interviewed were able to describe the individual consumer goals for addressing their current needs and preferences, including advance care and end of life planning. The Assessment Team noted care plans contained advance care information with specific guidance for staff in the event of deterioration in consumers’ health.

One representative who has a consumer receiving end of life care said they were satisfied with the end of life assessment and planning. This is also supported by the organisation’s policies and procedures for end of life and advance care planning.

The consumer assessment and planning are based on ongoing partnership with the consumer and/or their representatives and as required the service also engages other health professionals. The Assessment Team spoke to staff who could describe how the consumer assessments were developed in partnership with Allied Health teams, Medical Officers, Dementia Services Australia and Community Visitor representatives. Staff also advised the health professionals are involved in the case conference process. This was also aligned with feedback from consumers and their representatives.

The service communicates outcomes of consumer assessment and planning to the consumer and/or representative and documents the outcomes in their care planning documentation. Care plans were sited by the Assessment Team and are accessible to the consumer and/or representative on request. Consumers and/or their representatives said the staff are in regular contact and they are always advised on the outcome of consumer assessments.

The Assessment Team found the care and services to the consumer is reviewed regularly for effectiveness, when circumstances change or when incidents impact the consumer needs and goals. Care planning documentation was noted as being reviewed and updated as required and it aligns with the assessment schedule. The consumers and representatives sampled said the care and services delivered is regularly reviewed and a representative said they were involved in the care plan evaluation after an incident had occurred.

The Assessment Team found the organisation has processes in place in relation to Standard 2 and this ensures the initial and ongoing assessment, planning and monitoring of the consumer care is undertaken. The planning addresses the consumers’ current needs as well as advance care and end of life planning and this is based on ongoing partnership with the consumers. The outcomes are communicated and documented.

## 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 recommended Requirement (3)(a) in this Standard as not met. They acknowledge there are care plans in place for the consumer, however, they found the service was unable to demonstrate each consumer receives effective clinical care, specifically for five consumers and their diabetes management.

Based on the Assessment Team’s report and the Approved Provider’s response, I find that this Requirement is Non-compliant. I have provided reasons for my findings in the respective Requirement below.

To further understand if the service provides safe and effective personal care and clinical care, and the delivery aligns with best practice and tailored to optimise the health and well-being for the consumer, the Assessment Team spoke with consumers, representatives, staff and sited care planning documentation.

One representative mentioned they were not satisfied with the care and believes the falls risk to the consumer was not managed. After a review of the care planning documentation, it showed Medical Officers and Allied Health staff were involved, care plans updated following the incident, mandatory reporting was completed, and the service was actively working with the representative. The representative advised they were notified of the incident and were involved in the review of the care plan.

This was supported by further discussions with the staff who were able to describe the care needs for the consumer.

The Assessment Team sited additional consumer care files that listed key risks and demonstrated effective and tailored individualised management. These risks were associated with restrictive practice, falls, nutrition and hydration, skin integrity, pain, medication management and hearing loss.

Consumer care files demonstrated the needs, goals and preferences of consumers nearing the end of life had been recognised and documented. One representative said they were satisfied with the provision of life care for their family member and said they respected their wishes for no religious representation. The staff were able to describe completing a ‘comfort care chart’ that was monitored by the Clinical Nurse to ensure the needs an and goals were managed.

Care plan 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. The staff said the Dietitian reviews all consumers weights monthly and progress notes are reviewed daily by the Clinical Nurse and Executive Director of Nursing (EDON). They also mentioned any changes to a consumer’s health and needs is communicated through the change of shift hand over discussion.

The Assessment Team found the service has monitoring processes to ensure timely and appropriate referrals to other organisations and providers of care. Care planning documentation noted the input from other Allied Health Professionals and Medical Officers. Consumers and representatives confirmed they have access to doctors and other health professionals.

### 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 were not satisfied the service demonstrated each consumer receives effective clinical care, specifically for five consumers and their Diabetes Management. The Assessment Team provided the following information and I considered this evidence relevant to my finding:

* The service could not provide a copy of the Diabetes Management policies and procedures that guides and supports staff to meet the consumer needs and optimise their health and well-being.
* The Clinical Nurse advised Diabetes Management directives are contained in the medication charts. Further investigation of the medication charts for five insulin diabetic consumers showed, only the prescribed times for the blood glucose level (BGL) was recorded. There was no information recorded in relation to Diabetes Management following episodes of hyperglycaemia or hypoglycaemia.
* The staff were monitoring the consumer’s BGLs three times daily against standard ranges (less than 4mmol/L and greater than 20mmol/L). There was no individualised Diabetic Management considered for each consumer and no documentation in the care plans.

The Approved Provider submitted a response to the Assessment Team’s report and advised that whilst there were deficiencies identified by the Assessment Team, they have now managed to meet their responsibilities as an Approved Provider. The Approved Provider’s response advised the actions related to this Requirement include:

* All consumers who are Insulin Diabetic were referred to the General Practioner and new medication charts have been written with clear directive for reportable range of BGLs and notes the actions required in the event of hyperglycaemia or hypoglycaemia episode.
* The organisation has implemented a Diabetic Management Hypoglycaemia procedure.

The Assessment Team noted there was Diabetes training scheduled in December 2020, after the Site Audit date.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit consumers were not always receiving safe and effective clinical care which was best practice, tailored to their needs or which optimised their health and well-being. I have considered the service had not considered or documented individualised Diabetic Management for each Insulin dependent consumer and, therefore, not met the consumer’s identified clinical need.

For the reasons detailed above, I find Blu Dawn Pty Ltd in relation to Serene Residential Care Service, Non-compliant with Standard 3 Requirement (3)(a).

### 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 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 the service demonstrated each consumer receives safe and effective service and support for daily living. It meets the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life.

Overall, the consumers and representatives sampled said they were satisfied with the activity program and the varied food menus offered. They explained there is a variety of things to attend and the activities are tailored to meet the individual abilities and needs.

Consumers and representatives said the service provides private spaces so consumers can maintain their relationships with others, they also said during the COViD visiting restrictions the service provided a telecommunication device to encourage them to stay in touch with family and friends. One representative said the service was supporting them emotionally and in their religious preferences as their family member was nearing end of life.

The Assessment Team noted the consumers’ spiritual and cultural preferences are captured during the admission process and this information informs the care delivery provided. The care planning documents reflected the consumer’s emotional and relationship needs, community and activity involvement, the leisure activities they like and their dietary requirements. A staff member spoke about how they used specific related aids (a toy cat) to support the consumer’s emotional needs through pet therapy.

The staff said they can assist with purchases for the consumer (electronics and miscellaneous goods) and they can provide modified equipment to support the consumer to live as independently as possible and enjoy life.

During the visit the Assessment Team found the service has processes to ensure the consumer’s needs and preferences are communicated within the service and with others where responsibility for care is shared. The staff were able to describe how they maintain the consumer privacy and how this information is provided to other services confidentially. Consumers sampled acknowledged they were satisfied with how additional services are being managed.

The service demonstrated meals are varied and are of suitable quality and quantity. All meals are cooked on site, with menus for winter and summer rotating every four weeks. The Assessment Team noted a Dietitian attended the service in December 2020 and described the menu as “excellent with a wide selection of meat, dairy and grain options”. The kitchen team advised they are aware of consumer dietary requirements and they can access the care planning documentation. Consumers and their representatives comments algin with the Assessment Team findings.

The Assessment Team observed the service provides equipment that is safe, suitable, clean and maintenance records indicated regular maintenance was conducted and aligned with the schedule. This observation aligns with maintenance records held by the service and a further discussion with the service Maintenance Officer.

The Assessment Team found the consumer services provided by the organisation supports daily living, independence, health, well-being and quality of life.

## 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.

To understand the consumer experience and how the organisation recognises and provides a welcoming, safe, clean and comfortable service environment and one that promotes the consumer’s independence, function and enjoyment the Assessment Team spoke with consumers, representatives, staff and reviewed documentation.

The Assessment Team observed the consumer rooms and living environment are spacious, and the consumer can move around freely, and pictures, signs and posters are at a comfortable eye level. There is adequate natural lighting, and the environment is bright and open. The outdoor areas, although only accessible if staff open/unlock the doors is clean and well maintained. There is a gym that is used by the Physiotherapist to assist the consumer with strength-based and rehabilitation activities.

As a result of feedback from the consumers and representatives the organisation has updated the front garden and added a gazebo and seating area to create another space for the consumers to enjoy and meet family and friends.

Overall, the consumers and representatives sampled said the living environment is clean, safe, well maintained and met consumers’ needs. One consumer said the service ‘is their home’ and the room is decorated to reflect memories and preferences. Most consumers said they feel safe when the staff use the equipment, such as lifting hoists and another said their walker was inspected monthly and if any issues were responded to promptly.

The staff interviewed showed an understanding on the process to report hazards, cleaning and maintenance matters and they said they were actioned appropriately. This aligned with the Assessment Team’s observation of the service maintenance log which showed evidence of regular maintenance of the service environment and all equipment.

The Assessment Team did note a few minor maintenance matters to address. They identified the lack of signage on ramps and uneven floors (specific areas) and the storage of hand sanitiser (alcohol based) was not stored as per the product specifications. After a further discussion with Management they advised the matters would be addressed immediately.

The Assessment Team found the organisation has processes in place to create a service environment both inside and outside that is well designed, safe, clean and welcoming for all consumers and encourages a sense of belonging.

## 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 interviewed consumers, representatives and staff and observed their interactions, they also and reviewed policy documents and the complaint register to understand the consumer’s experience and how the organisation manages feedback and complaints. Overall, the Assessment Team found the organisation has systems that support feedback and complaints and uses this to the inform the continuous improvement plan for the service.

Consumers and representatives sampled said they felt comfortable to speak directly to management and/or staff to provide feedback and to address any concerns as required. One representative from a non-English background said they visit the service daily and they feel comfortable to raise any concerns but has not had the need. Another representative expressed concerns to the Assessment Team that actions by the organisation following a complaint have not been effective. As noted previously, it is the understanding of the Assessment Team that this concern was being managed and documented by the staff and Management Team.

The staff interviewed could clearly articulate how they support the consumer and/or representative to provide feedback and complaints.

The Assessment Team noted Advocacy Groups have supplied information in different languages, outlining how to provide feedback and make complaints. In addition, a representative from the group joined the consumers’ and representatives meeting in December 2020 to provide additional information on their advocacy and complaints resolution services. The service has a phone numbers displayed for the Aged Care Quality and Safety Commission, Complaints Team and the organisation’s Management Team to support the resolution of matters. There are feedback forms and a suggestion box located at the main entrance.

The organisation has a complaints policy and processes clearly articulate the steps to resolve a complaint and manage open disclosure for when things have gone wrong. They manage a feedback and complaints register noting the actions taken and next steps detailed to resolve the matter. The documents were all sited by the Assessment Team.

Consumers and representatives said the Management Team works closely with them to ensure feedback is actioned promptly and service improvements are identified and implemented as a result of feedback received. After a discussion with the Assessment Team the organisation reviewed the current 2020 complaints and noted specific areas, they needed to consider in their continuous improvement plan.

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.

## 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 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirement (3)(e) in Standard 7 was not met. They found the service was unable to demonstrate regular staff assessment, monitoring and review of the performance of each member of the workforce.

Based on the Assessment Team’s report and the Approved Provider’s response, I find that this Requirement is Non-compliant. I have provided reasons for my finding in the respective Requirement below.

The Assessment Team spoke with consumers, representatives and staff and reviewed relevant documents to gain an understanding of how the organisation engages and develops their workforce to ensure they have sufficient, skilled and qualified staff to provide safe, respectful and quality care services.

Overall, consumers and representatives said there are enough staff, the call bell is answered quickly, and they have the training to meet consumers’ needs. However, one consumer did say the response times for the call bell was dependent on the time of the day and said there is less staff on the afternoon shifts. These comments were supported by the staff but overall, they felt they were able complete their work within the allocated time frames. One acknowledged a shortage on the afternoon shifts and another said it can be a busy time managing the needs of consumers with dementia.

Based on the information provided by both the staff and the consumers’ the Assessment Team spoke with the EDON who confirmed when the consumer occupancy rates declined during the COViD period staff levels were adjusted accordingly. The EDON and the Clinical Nurse advised the organisation’s key performance indicator for call bell times was between five and eight minutes, with best practice under three minutes. The data sighted by the Assessment Team for the period 30 November to 6 December 2020 showed 45% of the call bells were not answered within the organisation’s timeframe. The data couldn’t identify the reason for the delays but the EDON advised it could be low battery power, neglecting to turn of the call bell/sensor mats after attendance or the front door not deactivating.

The Approved Provider submitted an update to the Assessment Team advising how they would manage the delays in the call bell response times. They said the system has been reprogrammed to automatically send (via email) three reports, three times per week to the EDON, the Clinical Nurse and the Maintenance Officer. Further investigation will occur based on the findings and followed up by the Maintenance Officer and/or an alert notification scheduled through clinical software system to alert the staff.

The service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity and culture. The Assessment Team observed the staff interactions with the consumers to be clam, kind, engaging in a positive manner and patient. The feedback register noted compliments about the quality of care provided by the staff members. Overall, the consumers and representatives acknowledge the Assessment Team’s findings saying they treat consumers with respect and are responsive to their needs. One representative said some staff have learnt to communicate using some words from the consumer’s first language.

The Assessment Team’s findings supports the service was able to demonstrate the workforce is competent and the staff have the qualifications and knowledge to effectively perform their roles. The service described having a recruitment process to ensure staff have relevant qualifications and are competent to perform their role. Staff interviewed said they have mandatory and optional training modules and said this is offered through face to face and online. The service conducted a needs analysis survey with the staff and identified additional training needs which were included in the organisation’s training schedule. The EDON acknowledged the staff need to be re assessed against the personal protective equipment assessment tool re-issued in November 2020.

The service also, demonstrated the staffing levels, qualifications and experience is planned (noted rosters). The service has registered nursing staff on site 24 hours a day, seven days a week. This aligns with consumer and representatives’ feedback.

## 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) Non-compliant

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

The Assessment Team found that although the organisation has a Performance Review and Development procedure (May 2020) that outlines staff have a performance review after the six-monthly probation period and ongoing every two years the staff records indicate this is not occurring. Based on a sample of staff files, the service does not demonstrate it completes regular assessment, monitoring and review of the staff performance or identify development areas. Further information on my findings is provide below:

* Staff interviewed were not able to describe the process for performance reviews.
* Management were unable to provide performance records or schedules to demonstrate ongoing staff assessment.
* Fifteen clinical and care staff files viewed indicated that they had not participated in performance reviews in the previous two years.
* Three staff members who commenced at the service in 2019 have not had a performance review on completion of their probationary period.
* One clinical staff member interviewed said they had recently completed a performance review, however, it was noted in the staff file the last review was completed in November 2016.
* Complaints data was reviewed and noted one staff member had three complaints made against them and although a verbal warning and counselling was given there was not subsequent professional reviews or development opportunities.

The Approved Provider submitted a response to the Assessment Team’s report and advised that whilst there were deficiencies identified by the Assessment Team, they have managed to address the issue and meet their responsibilities as an Approved Provider. The Approved Provider’s response advised the actions related to this requirement include:

* At the time of the visit Management advised performance reviews and development should occur on a yearly basis and they had developed an online tool to be completed by the staff and their line manager, however, staff advised the process took a considerable amount of time to complete. A new form ‘Employee Feedback and Training Needs Analysis’ was developed and distributed in December 2020.
* 100% of the forms were completed and will inform the 2021 Training Planner.
* All staff performance and development reviews (Annual and Probationary) were conducted and a follow update recorded on the schedule.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the organisation was unable to demonstrate regular staff assessment, monitoring and review of the performance of each member of the workforce has occurred.

For the reasons detailed above, I find Blu Dawn Pty Ltd in relation to Serene Residential Care Service, Non-compliant with Standard 7 Requirement (3)(e).

# 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 considered consumer and representatives feedback and considered the organisation is well run and they have opportunities to partner in improving their delivery of care and services. They advised they are involved in the development, delivery and evaluation of care plans and can provide feedback and raise any concerns through the ‘daily rounds’ feedback sessions, resident meetings and surveys. The Continuous Improvement Plan (CIP) was sited and it included feedback mechanisms and actions taken.

## To gain a further understanding of how the organisation’s governing body promotes a safe and inclusive culture and is accountable for care delivery and services the Assessment Team spoke with Management. Management advised the consumers and representatives were involved in the development of the COViD Visitors Plan and provided feedback on how they manage and maintain contact with family and friends during a period of lockdown. They monitor and acknowledge staff training needs, advise on mandatory courses and encourage attendance in others. They hold meetings with all managers so there is opportunity for issues to be raised and there is a reporting structure to the Board to ensure Quality Standards are met.

## Following an Assessment Contact in July 2020, the service was found to be Non-compliant for Requirement (3)(c). The Facility Manager was interviewed and did not demonstrate an understanding of the processes for mandatory reporting of allegations in accordance with the compulsory reporting requirements. In response to the Non-compliance the service implemented a number of actions to address the deficiencies identified, including:

* The EDON and Clinical Nurse attended Elder Abuse – Risk Management Training to gain a further understanding of the legislative requirements for reportable incidents.
* Posters detailing the steps to follow, and how to report incidents was displayed in the staff areas.
* On review of the incidents register it was found that all staff are reporting incidents in line with legislative requirements.
* Documentation was viewed demonstrating the service is now adhering to the compulsory reporting requirements.

## The service has implemented an effective risk management system and practices. Management advised risks are considered at quality improvement meetings, noted in care planning documentation, recorded in the electronic planning system and distributed to all staff through memoranda when identified as urgent and high risk.

## The Assessment Team sited a range of policies and procedures to ensure governance systems and continuous improvements are reported to the Board of Directors. Procedures were sited to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and provided examples of their relevance to their work.

## The Assessment Team found the organisations’ governing body is accountable and has the systems to support the delivery of safe quality care services

## 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.*

### 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: Personal care and clinical care**

In relation to Standard 3 Requirement (3)(a):

* Consumers receive clinical care, which is best practice, tailored to their needs and optimises their health and well-being, including monitoring and seeking additional advice on best practice for each consumer’s clinical care needs.

**Standard 7: Human resources**

In relation to Standard 7 Requirement (3)(e):

* The organisation must implement a regular assessment process, monitoring and review of the performance of each member of the workforce.