Servite Villa

Performance Report

184 Edinboro Street
JOONDANNA WA 6060
Phone number: 08 9202 7600

**Commission ID:** 7108

**Provider name:** Catholic Homes Incorporated

**Site Audit date:** 7 December 2021 to 9 December 2021

**Date of Performance Report:** 7 February 2022

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received on 3 January 2022.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers said staff were kind to them and treated them well. Representatives said staff are always respectful to consumers and that consumers’ culture and diversity is valued. For example, one representative said they have never heard staff say an unkind word to any consumer and they feel staff respect and value consumers’ culture and diversity. Consumers said staff ask them what they would like each day. They said staff generally know what they like and they feel they are encouraged to do as much as they can by themselves. A number of consumers said they undertake their own personal care and like to be independent.

Consumers sampled said they have adequate information to make decisions. For example, they said they can have the meal they prefer at each mealtime, and they go to activities they wish to.

A risk assessment is completed when a consumer wishes to make a choice that may put them at risk. Risks are discussed with the consumer or representatives, including the potential consequences of the risk. Consumers or representatives then decide whether the consumer wishes to continue with the activity and a document is signed regarding their choice. Staff then support consumers to do the activity they wish. For example, one consumer wishes to take a long walk each day to maintain their health and independence and is free to do so.

Consumers and representatives believed their privacy is maintained and personal information is kept confidential. Consumers said they can keep their door shut if they prefer and staff always shut the door when they are having personal care undertaken. Two representatives said the nurse’s office contains all the consumers’ information and it is only opened by a key-pad by staff.

Staff demonstrated an understanding of the importance of each consumer’s culture and respecting each consumer as an individual. Consumers provide information regarding their life history, culture and things that are important to them on entry which is documented on their profile to guide staff. Activities and events are held to celebrate consumers’ culture and a special meal celebrating a particular country and its culture is held each month. Staff said one consumer has a community visitor visit each week and they spend a few hours together talking in the consumers’ native language.

The service supports consumers to exercise choice and independence and maintain friendships. Consumers’ information is documented and includes their next of kin or person responsible to make decisions regarding care. Consumers were observed to be leaving the service to access the community during the Site Audit.

Information is available to consumers or representatives on an ongoing basis. Family conferences are held shortly after consumers enter the service and the consumer’s care is discussed, with any preferences they may have added to their care documents. Consumer/representative meetings are held to provide consumers with current information regarding the service. Staff demonstrated understanding of consumers’ choice in all areas of care and consumers said they can choose what they wish to do each day. Consumer meeting minutes shows consumers make suggestions and discuss issues at the service.

The organisation has policies and procedures regarding respecting privacy of consumer information. Personal information is stored in a password protected electronic care planning system. Staff have training on confidentiality and sign a condition of employment that they understand consumers’ private information is confidential.

The Assessment Team observed staff closing doors to administer care and having discussions involving consumers’ personal information in a locked office. Handover discussions between staff are held in the nurse’s office with the door shut. Computer programs are password protected and timed out for protection of consumers’ privacy.

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

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Compliant**

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

**Requirement 1(3)(b) Compliant**

*Care and services are culturally safe.*

**Requirement 1(3)(c) Compliant**

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

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

**Requirement 1(3)(d) Compliant**

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

**Requirement 1(3)(e) Compliant**

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

**Requirement 1(3)(f) Compliant**

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The service undertakes comprehensive assessment and planning to deliver safe and effective care and services to consumers. Clinical staff follow organisational guidelines in assessing and delivering consumers’ care needs, including consideration of risks. Care management plans are generated from initial assessment information and reviewed 6 monthly and as required. The care planning documents sampled showed ongoing assessments were completed according to the guidelines.

Consumers said staff know how to care for them, and staff generally ask them what they would like on a day-to-day basis. They said they choose what activities they like to attend and the meals they want each day. Three consumers said they just look after themselves. For example, one consumer said they like to administer their own eye drops. They said it is very important to them to maintain some of their independence as they feel they have little due to their lack of sight. The consumer said they don’t like to wait for staff and feel very much more in control when they are in charge of their eye drops.

Consumers’ care needs and preferences are discussed at family meetings and care is reviewed every six months or when their clinical status changes. Reassessment of their clinical needs is undertaken by registered staff and the care management plan is changed to reflect current needs and preferences.

Consumers are supported to record their end of life wishes when they enter the service, or at a later stage if preferred. End of life wishes are discussed at a family conference to record consumers’ preferred care when they are entering the terminal stages of life. Consumers and their representatives have the opportunity to complete an Advance Care Plan that is included in their file to ensure consumers have their end of life preferences followed.

Care and services reflect an ongoing partnership with the consumer and others in the assessment, planning and review of consumers’ care needs. The service accesses external providers of care and services for each consumer as needed. The Assessment Team noted all consumers sampled had referrals to doctors and other health professionals.

Each consumers’ care and services plan is readily available to those providing care to consumers. Plans are accessed via a computer or electronic tablet and staff interviewed said there is sufficient equipment for all staff to access consumers’ information. Management advised the care plan is available to consumers and their representatives upon request. Management and clinical staff regularly conduct regular case conferences, bi-annual and incident related reviews to ensure changing care needs are met. Consumers and their representatives can discuss care needs with staff or management at any stage.

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

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

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

**Requirement 2(3)(b) Compliant**

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

**Requirement 2(3)(c) Compliant**

*The organisation demonstrates that assessment and planning:*

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

**Requirement 2(3)(d) Compliant**

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

**Requirement 2(3)(e) Compliant**

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team recommended Requirement (3)(a) in relation to Standard 3 Personal care and clinical care as not met. I have considered the information in the Assessment Team’s report and the Approved Provider’s response and find the service non-compliant with Requirement (3)(a) and have provided detailed reasons in the relevant Requirement below.

The Assessment Team identified multiple instances where the service appeared not to follow best practice guidelines to ensure consumers were provided with safe and effective clinical care that was tailored to their needs and optimised their health and well-being. These instances included the management of consumers following an unwitnessed fall, ongoing use of psychotropic medication and provision of sensory care.

The Assessment Team found the service effectively manages high impact or high prevalence risks associated with the care of each consumer. Following assessment of each consumer, the service develops a care plan to inform staff of consumers’ clinical care needs. High impact or high prevalence risks include falls, skin injuries, wounds, weight loss and medication errors. These are recorded and monitored by clinical staff to implement strategies to reduce the risk of injury in accordance with the policies.

Consumers have risk assessments and complete authorities when they wish to undertake an activity the service believes may put them at risk of injury. Risk is discussed, including the possible consequences, and the form is signed if the consumer wishes to undertake the risk. Consumers have the opportunity to document their preferences regarding end of life care on an advance care plan. Files showed consumers have advance care plans in place to direct staff on their preferences during end of life care, these include preferences regarding transfer to hospital and directives regarding access to family.

Consumers are referred to other health providers to support their clinical care needs. Referral and support by other agencies is provided, including bladder and continence care and palliative care. The service has procedures to guide staff when consumers demonstrate deterioration of their physical function or condition. Review of documents showed referral to doctors and other health practitioners when a consumer’s health is changing and deterioration in clinical status is identified. The service uses tools to review consumers’ clinical care needs and changes, including incident reports.

Information about the consumers’ condition needs and preferences is effectively documented and communicated within the organisation. Staff conduct handover meetings, held at the commencement of each shift, and other information updates are included on handover sheets. Recommendations from allied health and other services are included in consumers’ care management plans which relevant staff can access. Staff said they have adequate information regarding consumers’ health care needs.

The service undertakes timely referral to other services and providers of care and services. Consumers reported that staff call the doctor who comes to see them when they aren’t feeling well. Consumers’ care plans sampled showed referrals were made to doctors and other health professionals and organisations, such as Dementia Support Australia. Progress notes and documents showed referrals were followed up and recommendations actioned by the service.

The service has an antimicrobial stewardship policy and uses standard and transmission-based precautions to manage infection. Management and clinical staff demonstrated they understand the risk of resistance to antibiotic therapy. Staff are provided infection control training which has been again repeated during the COVID-19 pandemic. Infections are reported, monitored and analysed each month.

Clinical staff review infections every week and the information is used to trend antibiotic use. They said the service attempts to minimise use through strategies, such as having a urine sample and a pathology test before antibiotics are prescribed.

**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 service is not always delivering clinical care that is best practice and meets the needs of each consumer. The Assessment Team identified multiple instances where the service appeared not to follow best practice guidelines to ensure consumers were provided with safe and effective clinical care that was tailored to their needs and optimised their health and well-being.

These instances included management of consumers following an unwitnessed fall, ongoing use of psychotropic medication and the provision of sensory care.

The service did not provide three consumers on blood thinning medication with best practice care following an unwitnessed fall. Staff did not follow the organisation’s policy which instructs staff what to do when a consumer is found on the floor. The decision flowchart in the policy directs staff to transfer consumers that have unwitnessed falls to hospital if they are on blood-thinning medication. Consumers that had a fall were not transferred to hospital as set out in the policy, monitored for pain or reviewed by the doctor the following morning.

The service did not apply best practice in regard to chemical restraint for one consumer. The regular use of a psychotropic medication to treat one consumer was not reassessed to determine whether it was being used as the last resort and for as short a time as possible. The service did not sufficiently monitor the consumer’s behaviour to determine whether the psychotropic medication continued to be required or effective in supporting their clinical care.

Best practice procedures for consumers with hearing aids were not followed to ensure consumers’ health and well-being is optimised. Hearing aid insertion and removal is not monitored resulting in missing hearing aids. The service did not ensure that one consumer’s hearing aids were removed and inserted each day to support their hearing care which helped decrease their anxiety and confusion. The sensory assessment and care management plan for the consumer was not implemented. Staff were to assist the consumer with removing, fitting and cleaning their hearing aids. Staff were to change the hearing aid batteries every week and to ensure the aid was in working condition. Procedures regarding safe management of hearing aids had not been followed at the service for the preceding four months. These steps were not reliably undertaken and one of the hearing aids was lost for about five days. The consumer was known to become more upset and anxious when they didn’t have their hearing aids in.

The Approved Provider provided a written response to the Assessment Team’s Report acknowledging the issues raised. The Approved Provider responded by providing a copy of their amended Plan for Continuous Improvement and an updated policy for Falls Management, which included an improved Falls Flow Chart. The Plan for Continuous Improvement listed specific actions and timeframes to address all of the deficits identified by the Assessment Team, including management of consumers having unwitnessed falls, ensuring consumer care information is complete and current, managing psychotropic medications, effective management of deteriorating health and pain and managing consumers’ hearing aids.

In reaching my decision, I have considered both the Assessment Team’s Report and the Approved Provider’s written response and accompanying documents.

While the Approved Provider has committed to rectifying all of the deficits identified by the Assessment Team at the Site Audit and set out their proposed steps on their Plan for Continuous Improvement, at the time the Site Audit was undertaken, there was evidence that the Approved Provider had failed to ensure that each consumer gets safe and effective personal and/or clinical care, that is best practice, tailored to their needs, and optimises their health and well-being.

Based on the evidence (summarised above), I find the service Non-compliant in this Requirement.

**Requirement 3(3)(b) Compliant**

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

**Requirement 3(3)(c) Compliant**

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

**Requirement 3(3)(d) Compliant**

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

**Requirement 3(3)(e) Compliant**

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

**Requirement 3(3)(f) Compliant**

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

**Requirement 3(3)(g) Compliant**

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers and their representatives indicated consumers’ emotional, psychological and spiritual well-being was supported by the service. The service demonstrated how each consumer’s emotional, spiritual and psychological well-being was supported in daily life. Staff described ways in which they provide emotional and spiritual support to consumers when they needed it. Documentation confirmed there is a process in place to provide additional emotional, spiritual and psychological support to consumers.

The service demonstrated they assist each consumer participate in their community within and outside the organisation, have social and person relationships and do the things of interest to them. Consumers and representatives said consumers were supported to do the things they loved to do and maintain their connections with those who are important to them. Observations by the Assessment Team confirmed consumers have social and personal connections within the service community while maintaining connection to their families and friends. The Assessment Team noted families and friends were visiting the service to spend time with consumers and consumers were going out into the community with families.

Consumer feedback indicated they are satisfied with the way the service communicates with others within and outside the organisation. The service demonstrated that information about the consumer’s condition, needs and preferences was communicated effectively within the organisation, and with others involved in their care. Care plans showed consumers’ lifestyle information is easily accessible to all staff at the service and within the organisation.

The service demonstrated it refers consumers to individuals, other organisations and providers of care, appropriately and in a timely manner. For example, one consumer reported their referral to a disability group due to their loss of vision. Lifestyle staff gave an example of consumers being connected with a local men’s shed they attend regularly. Consumer profiles and care management plans show what activities the consumer previously enjoyed and what activities they would like to attend. Lifestyle staff said the recently commenced occupational therapist will continue a review of consumers for potential referral to outside resources.

Consumers and representatives all indicated they are happy with the meals and dining experience. Meals provided are varied and of suitable quality and quantity. Two consumers who said they enjoy the meals said they would complain if they didn’t like the food. The Assessment Team observed consumers making a choice regarding the meal they wished at each lunch service. Feedback from consumers is used to make changes to the menu. For example, the chef said a food satisfaction survey was recently completed and some consumers wanted sausages added to the hot breakfast menu. This resulted in sausages being added to the hot breakfast every second Sunday. Documentation and kitchen lists showed consumers with specific dietary preferences have their preferences met by staff and special ingredients are used as required. The kitchen was clean and tidy and has recently had a food safety audit completed by an external group.

Consumers said the equipment at the service is always clean and the service demonstrated that the equipment provided is safe, suitable, clean and well maintained. Equipment used for consumers’ lifestyle, including parallel bars and an exercise bike are maintained by external maintenance contractors on an organisational schedule. Other equipment, such as tables and chairs used in activities, including bingo and quizzes is cleaned by staff and maintained by maintenance staff at the service. The Assessment Team observed that equipment used by lifestyle service is clean and well maintained. Lifestyle staff said they have adequate equipment for lifestyle activities.

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

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

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

**Requirement 4(3)(b) Compliant**

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

**Requirement 4(3)(c) Compliant**

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

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

**Requirement 4(3)(d) Compliant**

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

**Requirement 4(3)(e) Compliant**

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

**Requirement 4(3)(f) Compliant**

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

**Requirement 4(3)(g) Compliant**

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall, sampled consumers considered that they feel they belong in the service, and that the service environment is safe and comfortable.

All consumers said they felt safe and comfortable and they were encouraged to personalise their rooms and have furniture of their own choice. Consumers’ rooms had their name and room number on the door along with a picture of their choice. Rooms were personalised with chairs, fridges, photographs and paintings. The service was easy to navigate with signs on all doors to assist consumers to navigate. Pictorial signs throughout the service indicated the toilets, showers, dining room, community room etc.

Overall, consumers and representatives said that they felt the environment was clean, comfortable, welcoming and well maintained. Consumers are supported to maintain their independence and move around the service. For example, one consumer who is blind relies on care staff and family to assist them getting around the service safely. They often go and sit outside to enjoy the fresh air when their family comes to visit.

Consumers said they felt safe using the furniture and equipment provided for them and they were happy with its cleanliness and maintenance.

The outdoor areas were easily accessible and left open for consumers and visitors to move freely inside and outside of the service. There are two areas (the community room and parlour room) that have seating appropriate for consumers and visitors to use. Both the community and parlour room areas are equipped with tea and coffee making facilities for everyone to use. There were four outdoor areas for consumers and visitors to utilise. Three of these areas were furnished with outdoor settings and provided shade for people to enjoy. The Assessment Team observed consumers could move freely indoors and outdoors, as they chose. It was very hot on the days of the Site Audit, so many consumers preferred to remain inside the service.

The Assessment Team found one of the outdoor areas needed some maintenance in the garden which had become overgrown and some loose rubbish (scrunched alfoil, used dirty rags and plastic wrap) placed in an empty pot plant. Some of the rubbish had blown out of the pot and into the courtyard. The manager said that this would be raised as a maintenance request.

The Assessment Team observed the service to be clean, safe and well maintained. The cleaning schedule outlines all areas that are to be cleaned and the frequency. Cleaners were observed cleaning the consumers’ rooms and shared areas throughout the service.

The service completes audits of the environment to ensure that it is satisfactorily cleaned. It was identified through the audit conducted in September 2021 that there were some rooms that had not been cleaned in line with the policies and this was raised with the manager. The service was able to demonstrate that it had policies and procedures to support staff in hazard identification and reporting. Staff were able to correctly describe the actions required to protect consumers if they noticed a hazard. The maintenance log was reviewed and found to be up-to-date other than items awaiting the availability of materials.

The service was able to demonstrate that the furniture, fittings and equipment utilised were safe, clean and well maintained. Regular checks are conducted on every room at the service covering; ceiling fans, light switches, globes, bed structure and manoeuvrability, overbed tables, mobility aids (brakes, wheels etc), electrical cords, call bell, air conditioner and filters. Observations by the Assessment Team confirmed that equipment was clean and fit for purpose.

The Assessment Team observed the furniture in the communal areas and equipment used by consumers to be clean, well maintained and fit for purpose.

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

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

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

**Requirement 5(3)(b) Compliant**

*The service environment:*

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

**Requirement 5(3)(c) Compliant**

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall, sampled consumers felt safe, encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and their representatives said they have provided written and verbal feedback to management which is followed up and actioned. They confirmed that management are open to feedback and they feel comfortable to make a complaint or suggestion when they feel it is required. For example, one representative complained the outdoor area was littered with rubbish and was not very inviting for visitors to use. The manager acted to ensure the area was made clean for consumers to use and also arranged for the garden contractor to address any overgrown plants around the courtyard.

The service was able to demonstrate how they make consumers aware of and provide access to advocates, language services and other methods for raising complaints and effective resolutions. Information is posted throughout the service on noticeboards in the main entrance and communal areas explaining how to raise concerns and provide feedback. There are pamphlets in different languages to assist consumers and provide advice on external services.

Feedback forms are available in the foyer and accessible to everyone. If a verbal complaint is received it is logged and followed up with the necessary action. The manager follows up with the person making the complaint to ensure that they have a full understanding of the complaint and action required. The resident’s handbook encourages consumers to make suggestions and be involved in the decisions of cultural events at the service.

Feedback, compliments and complaints are also raised at the residents and staff meetings to improve the quality of care and services. The minutes of the meetings confirmed discussions of any issues raised from feedback.

The service has an open disclosure policy that ensures that any incidents involving consumers are dealt with in an honest and transparent nature. The policy allows for natural justice and procedural fairness to all parties concerned, acknowledging fault when required and apologising when necessary. The understanding of open disclosure by the management and staff show that they are committed to the process and implement it accordingly.

The service was able to demonstrate how they use the feedback information to review and improve the quality of care and services for consumers. All feedback is followed up, actioned and where improvements are identified, they are added to the continuous improvement plan. A trend analysis of feedback is reviewed, and the organisation uses the information to improve the quality of care and services for the consumers outcome.

The feedback and complaints register are maintained to show all complaints received and actions taken by the service to support the resolution process.

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

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

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

**Requirement 6(3)(b) Compliant**

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

**Requirement 6(3)(c) Compliant**

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

**Requirement 6(3)(d) Compliant**

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers felt there were enough staff at the service allocated with the right mix to deliver care and services in line with their needs and preferences.

Consumers and representatives said that staff were trained sufficiently in their roles and felt they were capable to undertake the roles they were given. All consumers interviewed gave positive feedback on their interactions with staff saying they were kind and caring. For example, one consumer said staff are very kind and caring, they are like family to them.

The Assessment Team observed staff to interact with consumers in a kind and respectful manner. Staff were seen to speak with consumers in a caring way to identify what their needs were, and not rushing them for a response.

The service provided information on the planned and number of mix of staff for the workforce to enable the delivery and management of safe, quality care and services. Most staff felt they were supported in their roles and there were enough staff allocated during shifts. The manager indicated that the service needs to have more clinical supervision over the afternoon and evening shifts.

The manager confirmed that staff are recruited for their capabilities and qualifications to perform the roles at the service. Staff information is stored on the internal data base for each employee showing their job description, training and qualifications. All staff have the necessary qualifications to undertake their roles. Australian Health Practitioner Regulatory Agency registrations are checked regularly and care staff have completed their Certificate III in aged care. Staff are required to complete mandatory training yearly in food safety, manual handling and fire and emergency training.

The service was able to demonstrate that its workforce is recruited, trained and equipped to deliver the outcomes required under the Standards. Staff could describe the training they had taken part in during their time at the service, saying that regular training is given every few months. The service has a process to ensure that staff have completed all mandatory training and performance appraisals are undertaken to identify any gaps for additional training where required. This was supported by documentation showing how training gaps are identified and managed appropriately.

Performance appraisals are conducted by the manager at the completion of new staff probationary periods and then at regular intervals. Staff are monitored and assessed through observation, clinical incidents analysis and feedback. The manager undertakes performance management where and when required. Staff confirmed they have performance appraisals every year and regular training is conducted. There are mandatory modules that must be completed every year. Information is disseminated through staff meetings on upcoming training and any processes that may impact staff.

Management advised that if any concerns are raised against care staff by a consumer or representative, they monitor their performance to ensure that there are no gaps identified for further training when care is being provided.

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

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

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

**Requirement 7(3)(b) Compliant**

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

**Requirement 7(3)(c) Compliant**

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

**Requirement 7(3)(d) Compliant**

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

**Requirement 7(3)(e) Compliant**

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall, sampled consumers and their representatives considered that the organisation is well run and they can partner in improving the delivery of care

Consumers and their representatives felt that the organisation involves them in the decision making process for running and improving the service. They felt they were kept informed of changes going on at the service through regular residents’ meetings.

The service demonstrated that they engage consumers in the development, delivery and evaluation of care and services through case conferences, one-on-one discussions, residents’ meetings and encouraging consumers or representatives to provide feedback on a regular basis.

The service has an effective organisational governance with information systems that support the delivery of safe and quality care and services. The service has a risk management framework, in managing high impact, high prevalence risks through assessments to support consumers to live their best life.

The organisation’s governing body promotes a culture of safe, inclusive, quality care and services. They are accountable for their delivery and regularly review clinical incidents, adverse events, staff and consumer feedback to identify opportunities for improvement in the delivery of care and services.

The service receives information from central office regarding changes that are occurring throughout the organisation. The Chief Executive Officer provides newsletters through the intranet on expansions, refurbishments and news across the organisation.

The Board are becoming more involved in the organisation and Board members attend the clinical governance meetings and will attend the next meeting at the service. The Board satisfies itself that the organisation is meeting the Quality Standards through meetings, reporting requirements, complaints monitoring, outbreak and management checklists, serious incident reporting, audits, facility reports and monthly checklists.

Communications are received on governing changes to staff and consumers via email with the latest example being information about COVID-19 booster shots. This confirmed the dates they are scheduled and provided consent forms for consumers and staff to complete in preparation for the roll out.

The service was able to demonstrate they have effective governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff were able to describe the policies and processes in place and how they work within those documented processes.

For example, staff have access to an electronic data base and paper records to document consumer care and services, including clinical incidents and adverse events. The electronic data base is password protected and only accessible by staff who need the access as part of their designated role. Any paper records are stored securely in offices where only staff have access to the records.

The Board monitors the organisation’s and the service’s financial arrangements and budgetary planning and expenditure is reviewed at Board meetings. The service has a budget for purchasing items required for care and services which are managed through the finance team.

If there are changes to legislation or organisational practices an email is disseminated to all services advising of the changes to be implemented. The service manager then provides the information to affected staff ensuring they are aware of any legislative changes. The service maintains arrangements, for feedback and complaints, continuous improvement and incident reporting in line with their policies and procedures which are reviewed monthly. The manager follows up on all feedback and includes any suggestions for improvement on the continuous improvement plan.

The service has a risk management system and demonstrated how it manages high impact or high prevalent risks associated with consumers’ care. The service supports consumers to take risks to live the best life they can. Feedback from consumers indicated that staff were supportive of their choices and followed their wishes in accordance with the risk documented. Staff were able to describe how they identify and respond to abuse and neglect of consumers. Incidents are reported in accordance with the organisational policies and managed by the manager who keeps the Board informed of all incidents.

The service provided the Assessment Team with copies of:

* a clinical governance framework
* a policy for antimicrobial stewardship
* a policy on minimising the use of restraint
* an open disclosure policy.

Staff had been educated about the policies and were able to provide examples of their relevance to their work.

The service has regular clinical meetings, such as the medication advisory committee, clinical governance, multi-disciplinary and allied health meetings. Information from these meetings helps identify trends and support analysis to ensure the policies and procedures are in line with the legislated practices of the service.

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

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

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

**Requirement 8(3)(b) Compliant**

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

**Requirement 8(3)(c) Compliant**

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

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

**Requirement 8(3)(d) Compliant**

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

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

**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)(a)**

* The Approved Provider must take steps to ensure that each consumer gets safe and effective personal and/or clinical care, that is; best practice, tailored to their needs, and optimises their health and well-being.