Southern Cross Care North Turramurra Residential Aged Care

Performance Report

402 Bobbin Head Road
NORTH TURRAMURRA NSW 2074
Phone number: 02 9144 2200

**Commission ID:** 0173

**Provider name:** Southern Cross Care (NSW & ACT) Limited

**Site Audit date:** 31 May 2021 to 2 June 2021

**Date of Performance Report:** 1 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-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) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | 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) | Non-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 29 June 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, consumers interviewed by the Assessment Team 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 and representatives said staff are friendly and know what is important to the consumer. Consumers and representatives interviewed spoke highly of the care provided by staff members and the management team.

Staff interviewed by the Assessment Team were aware of consumer’s cultural and individual backgrounds, personal histories and things important to them, and this was also reflected in consumer care planning documents. The Assessment Team observed staff members and the management team generally interacting with consumers with in a friendly, respectful and dignified way.

However, the Assessment Team found that staff did not demonstrate they were consistently considerate of consumer’s privacy. Staff were observed entering consumer rooms without knocking and consumers personal and sensitive information was not kept secure in nurse’s stations.

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

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

Consumers and representatives interviewed by the Assessment Team generally felt that staff respect their personal privacy. However, the Assessment Team observed staff practices that did not demonstrate that each consumer’s privacy is respected, and personal information is kept confidential. The Assessment Team observed staff walk into consumer’s rooms without knocking on several occasions, and observed staff administering eye drops to a consumer while they were at the dining table with other consumers. The Assessment Team observed emails, memorandums and charts with consumer’s personal and sensitive information stuck to the wall at the nurse’s stations. This was observed on all floors at all the nurse’s stations and was clearly visible to consumers and visitors who walked past or stood at the counter in front of the nurse’s station. When the Assessment Team raised this with management, the information was removed from view.

In their response, the approved provider acknowledged that eye drops were administered on one occasion to a consumer at the dining table. After this was raised by the Assessment Team, the staff member involved was reminded not to attend eye drops in the dining room and medication administration education was arranged as a refresher for all staff. The approved provider identified that following the Site Audit staff were reminded to knock on consumer doors before entering. In their response, the approved provider states that these observations by the Assessment Team were not common practices by staff.

In their response, the approved provider acknowledged that consumer information was not kept confidential in line with the organisation’s expectations. The approved provider’s response identified continuous improvement actions implemented since the Site Audit to ensure consumer personal information is kept confidential. This includes observational rounds by management and staff education.

While the service worked quickly to address the issues raised by the Assessment Team, the service requires time to implement more proactive and preventative systems to ensure the privacy of consumers is respected, and personal information is kept confidential. At the time of the Site Audit, staff practices did not demonstrate that each consumer’s privacy is respected, and personal information is kept confidential.

I find this requirement is Non-compliant.

# STANDARD 2 NON-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

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

Overall, consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed stated they have had care planning consultations with the service and are kept informed of changes to the consumer’s condition. Consumers and representatives said staff have had discussions with them about advance care planning. Consumers and their representatives provided feedback that supports they are aware of the consumer’s care plan and that it is readily available to them.

A review by the Assessment Team of care planning documentation and assessments showed risks to the consumer’s health and well-being are addressed and interventions to minimise and manage the identified risks are in place. Review of care documentation showed a consultation process occurs with consumers and/or representatives at least annually, and when required including when there are changes in consumer’s condition. Care documentation also demonstrated involvement of various organisations and individuals in assessment and planning, including medical officers and physiotherapists.

For most sampled consumers, care planning documentation were noted to be reviewed regularly for effectiveness and review was also noted when circumstances changed and when incidents impacted on the needs, goals or preferences of consumers.

However, the Assessment Team found that care planning documentation did not consistently identify consumer’s current needs, goals and preferences. For consumers who received end of life care, care plans were not always updated to include changes in their care needs and their palliative care wishes and goals.

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

## Assessment of Standard 2 Requirements

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

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

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

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

The Assessment Team found that care documents reviewed did not consistently identify consumer’s current needs, goals and preferences. For one consumer, assessment and care planning did not consistently identify and address the consumer’s recent weight loss and care needs regarding this. For two consumers, care documents contained out of date information regarding infections and the use of antibiotics. For one consumer, care documents contained out of date information regarding catheter care. For one consumer who was commenced on a palliative care pathway prior to their death at the service, care documentation reviewed by the Assessment Team did not demonstrate that the consumer’s care was reviewed to reflect end of life needs and preferences.

In their response, the approved provider identified that for the consumer who had experienced recent weight loss, gaps in their care planning documentation were due to administration errors. The approved provider disputes that this consumer’s needs, goals and preferences were not addressed.

Regarding the consumer who was receiving palliative care, in their response the approved provider identified that a case conference was conducted with the consumer and representative to identify these needs, goals and preferences, and these were recorded in the consumer’s palliative care plan. However, no documented evidence to support this was provided in the approved provider’s response.

The approved provider’s response did acknowledge some gaps within care planning documentation addressing consumer’s current care needs. The response outlined continuous improvements implemented since the Site Audit to address these gaps including staff education, improved weight management plan, and increased nursing staff hours.

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

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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

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

Some consumers and representatives interviewed by the Assessment Team considered that the consumer receives personal care and clinical care that is safe and right for them. Overall, consumers and representatives said the consumer has access to medical and allied health services as required.

However, some consumers and representatives expressed dissatisfaction with the clinical care provided and one consumer representative also expressed dissatisfaction with the end of life care provided to their relative at the service.

The Assessment Team found the service was able to demonstrate effective management and reduction of falls and skin injuries as their high impact and high prevalence risks. Review of care documentation for most consumers supported that deterioration or change in a consumer’s condition is recognised and responded to in a timely manner. Care documents reviewed indicated appropriate and timely referral to providers of services in most cases.

The service demonstrated systems in place to communicate information about the consumer’s condition, needs and preferences within the organisation and with others where responsibility for care is shared. Generally, staff interviewed by the Assessment Team demonstrated appropriate infection control practices and could describe practices and procedures to minimise transmission of infections.

Review of care documentation by the Assessment Team did not support that clinical care provided to the consumers sampled is consistently best practice to optimise consumers’ health and wellbeing. Deficits were identified in the adherence of diabetes directives, behaviour management, appropriate and timely assessment by the medical officer and pain management.

For consumers who passed away at the service, the Assessment Team found that palliative care was not effectively provided to maximise consumer’s comfort. Deficits were identified in clinical care for consumers nearing end of life including appropriate pain management.

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

### Assessment of Standard 3 Requirements

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

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

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

Care documents reviewed by the Assessment Team did not demonstrate that clinical care provided to the consumers sampled was consistently best practice and optimises consumers’ health and wellbeing. For one consumer who was identified at a high risk of pressure injuries, care documentation did not demonstrate that pressure area care was provided in line with the consumer’s care plan. The consumer developed a pressure injury on their sacrum which was not identified until it was at stage two.

The Assessment Team found for one consumer who uses physical restraint, while their care plan identifies that this restraint is to be used for a maximum duration of two hours, care documents demonstrated this was used for up to six hours at a time. For two consumers, their blood glucose levels were not monitored in line with the directives from the medical officer. Care documents reviewed by the Assessment team for sampled consumers did not demonstrate that pain was appropriately assessed and monitored, despite consumers complaining of pain and following a fall for one consumer.

The approved provider’s response acknowledged the gaps identified by the Assessment Team and identified continuous improvement actions in relation to this requirement.

At the time of the Site Audit, the service did not demonstrate that clinical care provided to sampled consumers was best practice to optimise their health and well-being.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found that for consumers who had recently passed away at the service, palliative care was not effectively provided to maximise consumer’s comfort. The Assessment Team identified deficits in the clinical care of consumers nearing end of life including appropriate pain monitoring and management, maintenance of skin integrity, timely review by the consumer’s medical officer and timely referral to palliative care services. One consumer representative interviewed by the Assessment Team expressed dissatisfaction with the end of life care provided to their relative at the service.

In their response, the approved provider disputes that end of life needs were not addressed for the consumers identified by the Assessment Team. For one of the consumers, the approved provider states that the consumer was referred to palliative care services as soon as deterioration was identified.

The approved provider’s response provided clarifying information about the consumer representative’s feedback to the Assessment Team. This included that some of the issues raised by the representative may have been the result of inappropriate recommendations raised by a staff member who no longer works at the service.

In their response, the approved provider identifies continuous improvement actions to the pain management of consumers including the implementation of a new medication management system so medications can be updated in a timelier manner by the medical officer, and staff education.

While the approved provider’s response clarifies some of the Assessment Team’s findings, at the time of the Site Audit, the service did not demonstrate that consumer’s end of life needs were appropriately assessed and managed to ensure end of life care was effective in reducing pain and maximising comfort.

I find this requirement is Non-compliant.

### 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

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

Overall, consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed confirmed they are supported to keep in touch with people who are important to them through visits, telephone calls, and through social outings. Most consumers and representatives interviewed indicated that they were very happy with the lifestyle program provided at the service including the laundry and cleaning services.

Most consumers interviewed said they like the food at the service. They also said staff are knowledgeable about their food preferences and dietary needs. Consumers said the food is plentiful and alternatives are available for those wanting something different.

Staff interviewed by the Assessment Team provided examples of emotional, spiritual and psychological support for consumers, including through pastoral care and volunteer services. The service demonstrated that where equipment is provided for services and supports for daily living, it is safe, suitable, clean and well maintained. There are systems in place for staff and consumers to report any maintenance issues which are rectified in a timely manner.

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 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Most consumers interviewed by the Assessment Team spoke positively about the service environment and considered that they feel they belong in the service and feel safe and comfortable. Consumers interviewed consistently provided information about the service environment being clean and well maintained. Consumers and representatives interviewed confirmed consumers are able to move freely within the service environment.

Consumers and representatives interviewed consistently provided information about suitable furniture and equipment being available to the consumer and about furniture, equipment and fittings being kept clean and well-maintained. Observations by the Assessment Team of the service environment and of furniture, fittings and equipment demonstrated overall that these are clean, appear safe and well maintained. The Assessment Team observed the service environment is welcoming, has communal spaces for socialisation and lounge areas for consumers to receive guests.

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 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed said they are informed about how to access advocates, language services and other methods for raising and resolving complaints including external complaint mechanisms.

The service demonstrated appropriate action is taken in response to most complaints and an open disclosure process is used when things go wrong.

The Assessment Team found that changes are implemented, and service planning is updated in response to complaints and other feedback which improves the quality of care and services for consumers. The service demonstrated complaints and feedback is viewed as opportunities for improvement. The service encourages consumers and others to provide feedback through numerous options such as approaching staff directly, regular surveys, consumer and representative meetings, feedback forms, anonymous feedback mechanisms, confidential locked box repositories around the service and by an electronic feedback management kiosk which is directly linked to their electronic complaints management system.

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 NON-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

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

Overall, consumers interviewed by the Assessment Team did not consider that they get quality care and services when they need them and from people who are knowledgeable and capable. While consumers and representatives interviewed confirmed staff are kind and caring, staff’s clinical competency and adequacy of staff numbers was not considered sufficient to provide quality care and services. Consumers and representatives reported instances when clinical staff have not effectively provided clinical care and a shortage of staff numbers has caused consumers to wait extended periods of time for personal care.

The Assessment Team found the service does not have effective processes in place to replace vacant shifts which has delayed personal care for consumers. Staff reported to the Assessment Team that they are not able to provide effective and quality care to consumers due to an inadequacy of staff numbers.

The service demonstrated it has effective training and education systems in place and provides support and monitoring to ensure staff are skilled and qualified for their roles. However, the service has not regularly conducted staff performance reviews and has overdue performance reviews which have not been completed.

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

## Assessment of Standard 7 Requirements

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

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

Most consumers and representatives interviewed by the Assessment Team said the number of staff is not adequate and consumers often have to wait extended periods of time for staff to answer call bells. Consumer representatives interviewed identified negative impacts on the care of consumers due to insufficient staff. For example, having to attend to other consumers during assisting a consumer with feeding, increased risk of falls, staff not brushing a consumer’s teeth and not having time to build a relationship with consumers. Staff members interviewed said there are not enough staff to provide safe and quality care and staff are not always replaced when they call in sick. Management told the Assessment Team they are aware of a staff shortage and have taken steps to recruit additional staff. Call bell response data reviewed by the Assessment Team demonstrated many long response times that exceeded the service’s expectations.

In their response, the approved provider acknowledged that call bells were not answered promptly and since the Site Audit the service has increased care hours with additional care and registered nursing staff, and the commencement of a diversional therapist. The approved provider’s response identifies that since the Site Audit, the service has recruited eight additional care staff and implemented improved systems to fill vacant shifts.

While the service has taken steps to improve their performance against this requirement, at the time of the Site Audit, the number of staff deployed did not consistently enable the delivery and management of safe and quality care and services.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found that the service provides staff members with ongoing training and education and has screening and monitoring processes to ensure staff have the right qualifications and knowledge to effectively perform their roles. Most consumers and representatives interviewed by the Assessment Team said they felt staff are competent to deliver the personal and clinical care they need. However, two representatives raised concerns about staff competency, one regarding clinical care and the other regarding consumer mobility. Care documentation reviewed by the Assessment Team also identified gaps in staff providing best practice clinical care to consumers.

The approved provider’s response includes clarifying information regarding the feedback from one of the consumer representatives, including that staff were acting in line with the service’s procedures.

While some gaps were identified in staff delivering best practice clinical care to consumers, I have considered this in my assessment of Standard 3, Requirement 3(3)(a). Overall, the service demonstrated that the workforce is competent and have the qualifications and knowledge to effectively perform their roles.

I find this requirement is Compliant.

### 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.*

Most staff interviewed by the Assessment Team said they have not completed a performance review and have not received feedback on their performance in the past 12 months. The service advised the Assessment Team that staff performance reviews were not completed for 2020, and at the time of the Site Audit, ten performance reviews were overdue.

In their response, the approved provider identified that since the Site Audit, all overdue performance reviews have been completed and improved systems have been implemented to ensure regular performance reviews occur in line with the service’s framework.

At the time of the Site Audit, the service did not demonstrate that regular assessment, monitoring and review of each member of the workforce was undertaken in line with the service’s framework.

I find this requirement is Non-compliant.

# 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

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

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives have input into the development, delivery and evaluation of care and services through audits conducted by the management teams, and through engagement in monthly meetings. Consumer audits and survey results are included in a monthly report provided to the CEO and Board.

The Assessment Team found the organisation’s CEO and Board members are able to obtain visibility of how the service and staff are providing quality care and services and meeting governance responsibilities through the results of monthly audits and analysis of reports provided by the service. The monthly reports contain key areas of risk, for example, number of falls, reportable incidents, clinical data and outcomes of continuous improvement implementations.

The Assessment Team found the service has policies and processes in place to effectively manage and monitor clinical governance and promptly react to concerns to ensure the delivery of quality care and services. The service demonstrated it has risk management systems and processes to identify and mitigate risks to consumers and implement improvements through analysis and communication of information gained from incident data, feedback and audits.

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.

### Requirement 1(3)(f)

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

The approved provider must demonstrate:

* Staff practices consistently respect each consumer’s privacy.
* Consumer’s personal information is kept confidential and protected from unauthorised access.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(b)

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

The approved provider must demonstrate:

* Assessment and planning consistently and accurately identifies and addresses consumer’s current needs, goals and preferences, including advanced care planning and end of life planning if the consumer wishes.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(a)

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

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

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer pain and skin integrity is appropriately assessed, managed and monitored to optimise their health and well-being.
* Physical restraint is best practice, including used as a last resort and for the least amount of time possible.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(c)

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

The approved provider must demonstrate:

* The needs, goals and preferences of consumers nearing end of life are recognised and addressed in a timely manner.
* The comfort and dignity of each consumer nearing end of life is maximised, including through appropriate pain assessment, management and monitoring.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(a)

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

The approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services.
* The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(e)

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

The approved provider must demonstrate:

* Regular assessment, monitoring and review of each member of the workforce is undertaken in line with the service’s framework.
* The service has implemented all continuous improvement actions identified in their response.