St Basil's Aegean Village

Performance Report

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**Commission ID:** 6151

**Provider name:** St Basil's Homes for the Aged in South Australia (Vasileias) Inc

**Site Audit date:** 13 December 2021 to 15 December 2021

**Date of Performance Report:** 10 March 2022

# Performance report prepared by

Stewart Brumm, 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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** | **Non-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) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Site Audit report received 25 January 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team observed all staff interactions with consumers to demonstrate dignity and respect. Consumers and representatives confirmed consumers’ identity, culture and diversity were valued and celebrated. All consumers interviewed were complimentary about how they are treated at the service and described staff as ‘kind,’ ‘lovely’ and ‘respectful.’

Documentation viewed demonstrated care and services provided are culturally safe. This was supported through observations of service delivery and confirmed by consumers and representatives in interview.

All consumers interviewed confirmed they are supported to exercise choice and independence, communicate their decisions, and decide who is involved in their care. This was reflected in care documentation and on the ‘contact details’ section of the electronic system. The Assessment Team observed staff to promote choice and independence when interacting with consumers, and sighted evidence consumers had been consulted and involved in making and communicating decisions regarding care and service delivery.

Consumers interviewed confirmed they felt supported to undertake risks, such as leaving the facility unattended, driving an electric wheelchair and using a kettle, to live the best life they can. Staff interviewed demonstrated knowledge of consumers’ risky activities and could discuss how risks were mitigated. This was reflected in care documentation.

Documentation viewed and observations by the Assessment Team demonstrated information provided to consumers was current, accurate and timely. Consumers interviewed confirmed communication was clear, easy to understand and enables choice.

All consumers sampled confirmed their personal privacy is always respected and relayed examples of how staff knock before entering their room and place towels and sheets over them when attending to personal care.

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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Approved Provider demonstrated 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.

For consumers sampled, care plans were individualised and reflected the needs, goals and preferences, such as whether consumers want assistance with dressing, their preferred time for a shower, in addition to assessed needs, such as mobility, pain and continence management. Care and clinical staff could describe what was important to individual consumers with regards to how their personal and clinical care is delivered and could name which consumers require assistance with care, such as showering, toileting and meals and how they tailor care to individual preferences.

The Approved Provider demonstrated assessment and planning is based on ongoing partnership with the consumer and others, including other organisations, individuals and providers of other care and services. Sampled files confirmed care planning documents reflect appropriate involvement of consumers and others on entry, at 6-month reviews and when changes occur, including from Medical officers and Allied health professionals.

Consumers and representatives interviewed confirmed the outcomes of assessment and planning had been communicated to them and the Assessment Team observed such outcomes had been documented in care plans which were offered and available to consumers and representatives at care plan reviews and on request.

The Assessment Team viewed evidence that care and services are being reviewed regularly at scheduled 6 monthly care plan reviews, when circumstances change and following incidents.

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.*

The Assessment Team identified that the Approved Provider did not demonstrate assessment and planning, including consideration of risks to consumers’ health and well-being, consistently informs the delivery of safe and effective care and services.

Whilst the service has policies and procedures relating to care planning and assessment documentation and infection control to guide practice, the Assessment Team observed this did not incorporate management of infections. Whilst staff interviewed confirmed they were alerted to risks of colonisation and infections from verbal and written handover, there was no guidance on management requirements and clinical staff advised they rely on prior knowledge and assumption for infection control strategies.

The Assessment Team also noted assessment and charting, such as sleep, behaviour and pain charts, had not consistently been completed or used to inform care and services and the service did not have the required information in relation to restrictive practices as per legislation.

The Approved Provider provided a response that included clarifying information to the Assessment Team’s report as well as policy extracts, processes extracts, clinical records extracts, pathology results, clinical correspondence and progress note extracts. The Approved Provider submitted established written policies to provide guidance on management of infections for clinical staff.

In relation to Consumer A and management of infections, I note from the information provided by the Approved Provider that the consumer does not currently have the infection as recorded by the Assessment Team, and this was a clerical error in the development of the handover sheets. I acknowledge the wound has been assessed and managed by clinical staff with regular review and input from both the Medical officer and wound specialists. I acknowledge the reference to the infection was a historical reference and not a current care issue. I also note the Assessment Team identified in requirement 3(3)(g) that staff have been trained and demonstrated effective knowledge of infection control practices.

In relation to Consumer B and management of infections, I note from the information provided by the Approved Provider that the consumer does not currently have the infection as recorded by the Assessment Team, and this was a clerical error in the development of the handover sheets.

I accept that for both of these consumers, the information transferred to the handover sheets was done from historical not active infections. I note the Approved Provider is reviewing this process for improvements.

In relation to Consumer C and pain management, I note the Assessment Team did not provide a date range for the period identified that pain was not monitored effectively. The Approved Provider provided information to demonstrate that the consumer was being monitored and pain management was being evaluated. The Approved Provider acknowledge the term pressure injury and not skin integrity should have been used on the care plan, however, I accept that the interventions documented did address the consumers pain management.

In relation to Consumer D and pain management, the Approved Provider did not respond with regards to this consumer.

In relation to Consumer E with sleep and behaviour charting, the Approved Provider acknowledged some information was incomplete and noted some potential human error with selecting responses from drop down menus. I note the consumer’s sleep assessment indicating the regular time for retiring to sleep and that the sleep charting generally correlated to this time, and the entries that indicated a potential period of being awake at night were inconclusive due to the potential staff error in selection options on the form. In relation to behaviour charting the Approved Provider provided information that included extracts from behaviour charts, behaviour assessments and correspondence from an external consulting service. The Approved Provider contended that ongoing daily recording of behaviours was not required as the behaviours were not new and were already being managed. I note the August 2021 Behaviour assessment to contain updated information in relation to the ongoing behaviour issues. I do also note that the external correspondence provided indicated that this was not an assessment and only observations of the situation, and these observations from the consultant were not included. I also note a delirium screening assessment was completed.

In relation to the assessment of restrictive practices and use of behavioural support plans, the Approved Provider has cited Aged Care Quality and Safety Commission training materials and legislation as the basis for their management of behavioural support plans and provided an example of a plan to demonstrate their understanding and application of the requirements of a behavioural support plan. I accept the example submitted demonstrates understanding and compliance with the outlined requirements.

With respect to chemical restraint, the Approved Provider has acknowledged that information presented to the Assessment Team did not meet legislated requirements, that the staff member who complied the information no longer worked at the service and that corrective actions have been taken to update this information.

In relation to Consumer E and use of chemical restraint, the Approved Provider has demonstrated that the clinical staff identified that the medication was related to a known diagnosis and as such had not completed restraint authorisation paperwork. I note the Approved Provider is also reviewing their systems to improve the capture of information related to the use of psychotropic medications.

I have considered the information provided by the Assessment Team and the Approved Provider and whilst I note there is room for improvement in the recording of information within the electronic care system and with the use of psychotropic medications, I acknowledge the Approved Provider had already commenced additional training for staff and were reviewing their systems to support compliance with this requirement.

I am satisfied from the information provided by the Approved Provider that on balance with the information from the Assessment Team the consumers referenced did have assessments and care planning to support the delivery of care. Noting that information for one consumer was not provided.

I find this requirement is Compliant.

### 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 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most consumers interviewed confirmed they receive safe and effective personal and clinical care and services. Care and clinical staff interviewed demonstrated knowledge of consumers personal and clinical care needs and could detail how they ensure care is tailored to consumers' needs and optimises health and well-being.

The Approved Provider demonstrated effective management of high impact and high prevalence risks to consumers.

Care files viewed by the Assessment Team demonstrated expressed needs, goals and preferences of consumers’ nearing the end of life had been recognised and addressed and staff could relay strategies for maximising comfort and dignity during palliative care.

The Assessment Team viewed evidence in care documentation that deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. This was confirmed by consumers and representatives in interview and staff interviewed were able to relay what action they would take in the event of acute deterioration.

The Assessment Team viewed evidence in care files and handover documentation, that most information about consumers’ condition, needs and preferences had been captured and communicated effectively within the organisation and with external providers where appropriate. Staff interviewed confirmed current communication and information management systems are effective and consumers stated staff appear aware of their condition, needs and preferences.

Care documentation viewed, as verified by consumers and representatives in interview, showed staff had initiated timely and appropriate referrals to individuals and other organisations when needed.

The Assessment Team viewed evidence the service has embedded some infection prevention and control measures, in addition to antimicrobial stewardship principles, into service care and delivery. This was evident in care documentation, staff interviews and observations.

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

### Assessment of Standard 3 Requirements*.*

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

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

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

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

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

The Assessment Team provided information that the Approved Provider did not demonstrate effective management of high impact or high prevalence risks for each consumer. Whilst the service was able to demonstrate effective management of some risks, such as pressure injuries and falls management, the Assessment Team were not satisfied the service was effectively managing behaviours of concern from one consumer, which was negatively impacting other consumers in the service. In addition, the service was not able to demonstrate they had effectively identified and managed cumulative weight loss for another consumer.

The Approved Provider provided a response that included clarifying information to the Assessment Team’s report, as well as policy extracts, processes extracts, clinical records extracts, clinical correspondence and progress note extracts.

In relation to Consumer E and the management of behaviours, I acknowledge that the Approved Provider has identified and assessed the behaviours of concern, I note that external consultants and the Medical officer have been involved in the management of the consumer and the displayed behaviours. I acknowledge that based of feedback provided to management from other consumers impacted by the behaviours that there has been improvement in the management of and less impact from the behaviours. I note ongoing interventions are being documented, the consumer is on a 30 minute sighting chart and a sensor mat was deployed to assist in alerting staff to potential issues. However, I also note the feedback provided to the Assessment Team from consumers about the ongoing impact of the behaviours.

In regards to the three named consumers who lodged complaints in relation to being impacted by Consumer E’s behaviours, I note ongoing support and welfare follow up is occurring, and that the consumers have noted some improvement.

In relation to Consumer F and weight loss, I am satisfied that the Approved Provider has been actively managing the risks to this consumer. There has been ongoing monitoring and review by the Medical officer and Allied health staff. Strategies recommend are being implemented and the consumer representative has been kept informed of the outcomes of clinical reviews. I note the consumer is currently for comfort care measures.

I have considered the information from the Assessment Team and the Approved Provider and on balance of the information presented, I find that the Approved Provider is aware of and is managing high impact and high prevalence risks to consumers. I note that consumers continue to impact by the behaviours of others, however, I note the feedback provided by consumers that this is improving, and the Approved Provider’s ongoing management and review of Consumer E.

I find this requirement is Compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Approved Provider was able to demonstrate each consumer gets safe and effective services and supports for daily living. Services and supports for daily living meet the consumer’s needs, goals and preferences and optimises their independence, health and well-being and quality of life. Consumers sampled provided feedback that indicated they were supported to be as independent as possible. Documents viewed confirmed services and supports are in place to guide staff practice.

Consumers sampled provided feedback that indicated they were supported if they were feeling low. Documents reviewed confirmed services and supports are in place to guide staff practice. Chaplains attend the Aegean Village on a regular basis to ensure that consumers can maintain their spiritual well-being.

Consumers interviewed confirmed they have been supported to have and maintain social and personal relationships and mentioned frequent occasions when family and friends visited and have taken them out into the community. This was observed by the Assessment Team.

Consumers sampled confirmed their condition, needs and preferences had been identified by the service and were known by staff. This included dietary requirements, mobility aids, religious affiliations, emotional needs, and consumer preferences, such as dining in their room and activities they choose to participate in.

A review of policies, procedures and forms shows the service has a process for staff to follow to refer consumers to providers outside the service. Documentation viewed, including progress notes and referral records, demonstrated referrals to individuals, other organisations and providers has been timely and appropriate.

Consumers confirmed they have input into the menu and are provided with meal choices. They said they are provided with the services menu and asked daily about their choices.

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

Overall, the interviewed consumers feel a sense of belonging within the service and their environment is safe and comfortable. Consumers can personalise their rooms, which the Assessment Team observed were clean and reasonably well-maintained, as is the equipment used in consumers’ rooms. Interviewed consumers and representatives confirmed consumers’ rooms are cleaned regularly.

Consumers can move freely, both indoors and outdoors, due to the well-maintained, safe and clean environment within which they live. The service environment is welcoming, functional and there are activity areas and lounges, including a café, which are easy for consumers and their visitors to locate. Consumers can access outside courtyards and balconies, which the Assessment Team observed were being enjoyed by consumers during the site visit.

Furniture, fittings and equipment were observed by the Assessment Team to be safe, clean, well-maintained and suitable for use by consumers. The service has preventative and reactionary maintenance system in place, which are effective due to the timely responses by maintenance staff. The Assessment Team viewed the service’s maintenance documentation, which also confirmed actions taken regarding fire safety checks and pest control.

The Assessment Team observed that equipment used to support consumer mobility is clean, in good condition and where the equipment is electronic, it had been tested within the required date range.

Cleaning staff confirmed the heightened cleaning regime for ‘high touch-point’ areas during the COVID-19 pandemic. The Assessment Team viewed documentation which demonstrated how the service tracks and monitors work schedules, to ensure all requests are actioned.

The Assessment Team viewed results of the service’s monthly ‘Resident Survey’ from November 2021, which found the majority of consumers think the service’s cleanliness and general environment was meeting their needs.

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

Overall, interviewed consumers and their representatives confirmed that they are encouraged and supported to give feedback and make complaints about care and services, following which appropriate action is taken.

The service demonstrated how it supports people to provide feedback and make complaints, including fostering a safe, non-judgemental and transparent environment in which this framework operates. Further, the service is committed to the application of an open disclosure process throughout its feedback and complaints framework, which is confirmed by interviewed consumers and/or their representatives.

The Assessment Team examined the service’s complaints register, complaints trends analysis and tested staff understanding of the service’s feedback and complaints framework, which was well-understood. The Assessment Team observed that information regarding access to external advocacy services, language services, health-related services, external complaints mechanisms and how to provide feedback at all levels, is readily accessible by consumers and their representatives.

The service has embedded numerous mechanisms by which consumers and/or their representatives are supported to provide feedback and make complaints. These include formal consumer meetings; informal ‘Let’s Talk’ meetings which have been attended by the on-site Chef to discuss food and service; the anonymous submission of feedback and complaint forms; speaking directly with staff, including management, which is documented electronically; monthly surveys regarding consumer/representative satisfaction with care delivery; and quarterly consumer insight surveys.

Feedback and complaints provided as part of the numerous feedback and complaints processes are used to inform the service’s continuous improvement activities, as evidenced by the introduction of a seasonal, rotating meals menu which was implemented in response to consumer/representative feedback, as well as in consultation with this group.

The Assessment Team observed documentation which confirms the numerous feedback and complaints mechanisms employed by the service and used by consumers and/or their representatives. Most interviewed consumers and/or their representatives stated that appropriate action was taken in response to feedback and complaints and that issues are addressed in a timely manner.

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 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most interviewed consumers considered they receive quality care and services when they need them, from staff who are knowledgeable, capable, caring and who understand their personal preferences. However, some consumers and/or their representatives believe there are insufficient staff numbers to support care outcomes, though most were unable to describe how this impacted them.

The service demonstrated it has a system for the allocation of staff, which includes assigning a number and mix of appropriately qualified and experienced staff to meet the needs of consumers. Notwithstanding, some interviewed consumers stated they have waited extended periods of time following the use of their call bells, which they believe impacts on the timely delivery of their personal care.

The service’s management demonstrated that it is proactive in investigating incidents, including whether staffing was a contributing factor. The service analyses call bell response times, including the investigation of extended call bell response times and follows up with staff where needed. The Assessment Team viewed a spreadsheet and prime roster which is used by management to allocate staff to meet changing consumer needs, as well as to identify workforce deficits, which is used to inform hiring decisions.

The Assessment Team observed that staff interacted with consumers in a kind, caring and respectful way which values their individual identity, culture and diversity. Interviewed consumers confirmed staff are considerate and professional when delivering care and services, with some consumers’ representatives stating that clinical staff exceed their expectations and show genuine care and empathy when meeting their loved one’s needs. Interviewed representatives further stated that staff are friendly, genuine and welcoming when they visit their relatives at the service.

Management advised that the organisation’s values of courtesy and kindness are embedded in mandatory staff training, which includes treating consumers with dignity, respect and valuing each person’s cultural diversity.

Management demonstrated that they ensure the workforce is competent through requiring prospective staff to hold a minimum level of qualifications, knowledge and experience to effectively perform their roles. Management provide oversight during recruitment processes, as well as throughout new staff orientation, ongoing competency checks and scheduled, mandatory education. Most interviewed consumers and/or their representatives stated that staff have the necessary skills to provide quality clinical and personal care.

The Assessment Team viewed the new staff orientation checklist, which identifies competencies, such as following infection control procedures, whereby their induction ‘buddy’ provides feedback regarding the new staff member’s level of proficiency in their role.

The service demonstrated how it recruits, trains, equips and supports its workforce to deliver the outcomes required by the Aged Care Quality Standards. The Assessment Team viewed documentation, including the service’s 2021-22 training plan, which identifies each training course, the training provider, how the training will be delivered and when, as well as which staff will attend.

The service demonstrated that it regularly assesses, monitors and reviews all members of its workforce through formal and informal processes. Interviewed staff confirmed they participate in formal annual performance appraisals, as well as informal assessments during the delivery of care and services.

Management advised that the performance of new staff is reviewed at the completion of their 6-month probation period. Further, management analyse incident trends, feedback from consumers and/or their representatives and other staff to inform workforce assessment and training. The Assessment Team viewed examples of where the service had managed performance discussion with staff members, the catalyst for which was identified gaps in care delivery.

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 NON-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

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers and representatives said they felt supported by the service and are there are many opportunities to have input into how consumers’ care and service needs are delivered. They felt the service is well run and provided examples, such as the service providing meals that they enjoy, implementing suggestions they have made and staff being knowledgeable about their needs. Consumers and representatives described how they are involved in the development, delivery and evaluation of care and services.

The Approved Provider was able to demonstrate consumer-initiated improvements and how it had engaged consumers and others to shape care delivery. Consumers were able to discuss the ways in which the service engages and supports them to guide the delivery of care and services, such as creating opportunities for discussion and consultation.

The organisation’s feedback and complaints policies and procedures guide the service in providing a platform and system for consumers to provide feedback and raise complaints.

The organisation has a range of reporting mechanisms to ensure the Board are aware and accountable for the delivery of care and services. The Approved Provider demonstrated how Board members have had training on the Quality Standards and other relevant governance components and are visible and available to consumers and representatives.

The service has a range of policies and procedures as part of an effective governance system, including but not limited to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Staff were able to describe training they had undertaken on elder abuse and neglect of consumers and how they use this information to help identify and respond to abuse and neglect of consumers. The Approved Provider demonstrated it has an effective system, such as through an example where it identified a reportable incident during routine investigation and review of a feedback submission.

The Approved Provider was able to demonstrate a clinical governance framework which included antimicrobial stewardship, minimising the use of restraint and open disclosure. However, while the service could demonstrate it had a contemporary restrictive practices policy and framework with respect to recent legislative change, it was unable to demonstrate it had identified the use of chemical restraint for multiple consumers and subsequently had not implemented consolidated Behaviour support plans for these consumers aligned with legislative requirements.

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

The Assessment Team identified that the organisation demonstrated it has an established and documented clinical governance framework, including policies and other guidance material relating to antimicrobial stewardship, minimising the use of restrictive practices, and use of an open disclosure approach. The service also demonstrated it supports staff to understand organisational requirements relating to the above by providing reference material, training and other relevant development opportunities.

However, while the service has a clinical governance framework, it has failed to effectively recognise the use of chemical restraint for multiple consumers, and subsequently has not demonstrated implementation of consolidated Behaviour support plans as required from 1 September 2021 following updates to legislation.

The Assessment Team identified 16 consumers who were potentially receiving chemical restraint and did not have accompanying behaviour support plans. This centred around the Approved Provider not being able to demonstrate that the medications being administered had a corresponding diagnosis to indicate these medications were not chemical restraint.

The Assessment Team also noted In relation to restrictive practices, the service demonstrated use of restraint is minimised, reviewed regularly and when utilised, is as a last resort in the least restrictive form and in accordance with best practice. With the exception of the potential use chemical restraint.

The Approved Provider provided a response that included clarifying information to the Assessment Team’s report as well as correspondence from a Clinical pharmacist

The Approved Provider has a clinical governance framework and has provided education to the staff and the Board. Whilst education has been provided on identifying the use of and management of chemical restraint, documents provided to the Assessment Team identified that the Approved Provider had not identified potential chemical restraint, as such authorisation had not been obtained and behaviour support plans had not been implemented.

I acknowledge the work the Approved Provider has undertaken in relation to clinical governance and the planned review of consumers receiving psychotropic medications. I also note that the Approved Provider is aware of the requirements for a behaviour support plan and has implemented these for other consumers.

I have considered the information provided by the Assessment Team and the Approved Provider and find that at the time of the Site Audit, the Approved Provider did not demonstrate an effective clinical governance framework in relation to the use of restraint.

I find this requirement is Non-compliant.

# 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.

* Ensure an effective clinical governance framework, including the identification and management of chemical restraint.