St Simeon Village

Performance Report

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**Commission ID:** 0374

**Provider name:** Serbian Orthodox Diocese Aged Care and Education Property Fund

**Assessment Contact - Site date:** 10 February 2021 to 12 February 2021

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

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(c) | 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** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 5 March 2021

# STANDARD 1 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

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.

All sampled consumers and representatives consider the care and services they receive is culturally safe, they are supported to exercise choice and independence, and they receive information to enable them to exercise choice.

* All consumers and representatives consider staff know about consumer’s background and what is important to them.
* All consumers and representatives provided consistently positive feedback about being supported to exercise choice and independence including to make and communicate decisions about their care and services.
* All consumers and representatives consider they are supported to maintain relationships and stay in touch with people who are important to them within COVID-19 restrictions.

Staff are aware of consumer backgrounds and what is important to them and this is reflected in consumer care plans.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team found that the service demonstrates care and services are culturally safe.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include employing additional bilingual staff, additional staff education on dignity of risk and choice and cultural safety and likes and dislikes of each consumer. A linguistic diversity matrix has been created to match staff with consumers according to the language they speak, and the admission process as been expanded to capture relevant information on entry to the service.

All consumers and representatives interviewed consider that the care and services they receive are culturally safe. They confirmed that all or most staff knew about consumer’s background and what was important to them.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment team found that each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the updating of several policies and guidelines to assist staff in respecting consumers decisions. Staff have been educated on these updates and care plans reviewed and updated to reflect these changes.

Consumers and representative interviewed provided consistently positive feedback about being supported to exercise choice and independence including to make and communicate decisions about their care and services.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider also provided an update on additional education being provided to staff on consumer choice, and a commitment in 2021 to include further education on consumer choice in the calendar of education.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that 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.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the implementation of language specific compendiums located in each consumers room containing relevant and current information in the consumers own language. Consumer and representative feedback was positive in relation to they receive information that helps consumers make decisions about their care and services.

However, it was noted an issue identified in the previous performance review in relation to consumers being informed of their choice of bringing in their own television and/or bar refrigerator has not yet been addressed.

I am of the view that the approved provider complies with this requirement.

# 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

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.

It was difficult to ascertain if most consumers felt like they were partners in the ongoing assessment and planning of their care and services. However, an interpreter assisted the Assessment Team and found most consumers sampled said they were satisfied with the care they received.

For example:

* Consumers indicated they were involved in the planning of their care. They said they communicated openly with the staff about what they wanted.
* Most consumers generally did not know about their documented care plans. However, most consumers said they were satisfied with their care and service outcomes.
* Representatives confirmed there had been an improvement in communication to them about the outcome of the assessment of the consumer at times such as after falls had occurred, when there was a change in condition had been identified and when transfer to hospital was required.
* Some representatives indicated they had not been satisfied with their loved one’s current needs and how they were assessed and addressed last year, but said they felt there had been more recent improvements which they hoped would be sustained.
* Representatives sampled confirmed they had seen the consumer care plan at the most recent case conference they attended at the service.
* One representative said the service is now calling me all the time and felt this was a positive thing as they felt very well informed.

Over half of the consumers at the service had no advanced care planning documented in the event of a deterioration in the consumer’s condition. Management said this was due to consumers and representatives not wanting to document this due to the cultural beliefs of a majority of consumers. Management said they are continuing conversations with representatives and consumers to improve this.

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 found that the service demonstrated that 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 service has an assessment process in place that occurs for consumers entering the service over the first 28 days. Risks for consumers are identified and assessed and risk mitigation strategies are in place and implemented to reduce the risk of harm. Care plans are individualised for consumers at the service.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, and a case management system in place at the service where a systemic process of assessment and planning, service coordination, referral and monitoring occurs for consumers.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates that 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 provided information that the service has made several improvements in response to the previous performance review. Care plans have all been reviewed and updated to include personal preferences. Whilst over half of the consumers at the service do not have advanced care planning at the service in place due to not wanting to discuss this due to cultural beliefs; management provided evidence of continued efforts and email correspondence requesting this information from representatives. Management said this discussion continues to be revisited at case conference meetings.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the organisation demonstrates assessment and planning 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 includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, and a case management system in place at the service where a systemic process of assessment and planning, service coordination, referral and monitoring occurs for consumers. Care plans have all been reviewed and updated to include personal preferences. Care planning documents and progress notes sampled demonstrate consumers have access to medical officers, medical specialists involved in their care, podiatry, behavioural specialist services, mental health services, geriatricians, dieticians, speech pathologists, and palliative care teams. Most consumers are satisfied with their care and services and had no complaints in relation to assessment and planning.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates that 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.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, with comprehensive care plans readily available in the information management system for all consumers and representatives.

The approved provider submitted a response that provided further detail and clarified some information in the report. Included was an update that all consumers have participated in a care conference to ensure they understood their care plan and were given the option to sigh it to indicate agreement.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates that 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.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, with all care and services reviewed and updated for all consumers.

I am of the view that the approved provider complies with this requirement.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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.

Most sampled consumers and representatives consider they receive personal care and clinical care that is safe and right for them.

For example:

* Overall consumers and representatives were satisfied with the care and services provided and said staff were kind and caring.
* Most consumers and representatives interviewed said they were satisfied with how staff responded when they were unwell and the timely treatment they received.
* Representatives sampled were satisfied with the steps the service had taken in relation to the prevention of COVID-19 infection transmission for consumers.
* Consumers and representatives said they had access to a medical officer and health practitioners when they needed it.
* One representative said he was still dissatisfied in relation to the wound care his father had received. The representative said he is upset about his father not receiving the care he should have but feels things have improved and wants to see the improvements continue.

The service was found to be currently providing personal and clinical care for most consumers that is effective and tailored to the needs of consumers that optimises their health and wellbeing. However, five authorisations for consumer environmental restraint were not completed correctly. The consumers who did not have decision-making abilities had signed the authorisation form for their own environmental restraint and a representative signature was absent from the form.

The Quality Standard is assessed as Non-compliant as one 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.*

The Assessment Team found that the service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

Consumers have not been consistently monitored for side effects since the cessation or change in psychotropic medication and the effect of this change has not been evaluated. Consumers requiring behaviour monitoring are receiving suboptimal assessment as behaviours are being recorded in progress notes and are not being effectively evaluated, analysed and trended. Neurological observations were found to not be attended according to the service’s policy for two consumers post fall placing them at potential risk. Wounds are not consistently being photographed with the use of a tape measure to record size of wound which is not best practice.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included actions taken to address the issues described in the Assessment Team’s report in relation to the management of falls, behaviour monitoring and wound management. Several improvements that have since been implemented.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, with much improvement made at the service and high impact high prevalence risks are now clearly identified for consumers and monitored. Consumers’ behaviours are currently managed more effectively. Recommendations from specialist behaviour services and other interventions are being implemented. Registered nurses are considering pain as a cause for behaviours in consumers who have a dementia diagnosis or other behaviours. Consumers who have had frequent falls are reviewed by the physiotherapist, registered nurse, and medical officer. Behavioural monitoring with evaluation is being documented.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates that 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 provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, with a review of deceased consumer files demonstrating that the needs, goals and preferences of consumers at end of life are recognised and now addressed.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates that 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.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, with staff trained in identifying deterioration in consumers cognitive and physical condition and escalating as required. The service demonstrates staff monitor and recognise deterioration in consumers cognitive and physical condition and are currently responding in an appropriate and timely manner for most consumers.

I am of the view that the approved provider complies with this requirement as they have demonstrated 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.*

The Assessment Team found that the service demonstrates that 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.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, with information about the consumer’s condition, needs and preferences documented, and communicated within the organisation in assessments, care plans and progress notes. This is shared with other practitioners where responsibility for care is shared.

I am of the view that the approved provider complies with this requirement.

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

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

The Assessment Team found that the service demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, with care planning documents reviewed and updated for consumers along with referrals to external health professionals and responses of referral outcomes provided to the service. The service demonstrates clinical and personal care referrals are made in an appropriate and timely manner for consumers.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates that minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, along with COVID-19 outbreak management plans, and development of an antimicrobial stewardship program at the service. The service was able to demonstrate the implementation of standard and transmission-based precautions to prevent and control infection and the promotion of appropriate antibiotic use. Registered nurses interviewed were very familiar with the principles of antimicrobial stewardship.

I am of the view that the approved provider complies with this requirement.

# STANDARD 4 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.

All sampled consumers and representatives 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.

* All consumers and representatives consider that staff are aware of what consumers enjoy doing and provide for this where possible.
* All representatives consider that consumers are supported to keep in touch with people who are important to them, for example, through visits (within COVID-19 restrictions), video calls, and allowing some consumers to leave the service to visit family in their family home.
* All representatives consider the food provided by the service to be of good quality and quantity.

Staff demonstrated the service provides a range of activities for consumers in line with their interests and meets the needs of consumers with varying levels of functional/ cognitive ability.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The Assessment Team found that the service demonstrates that 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.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include a review of the activity program, training of staff, and review of the consumers care plans to include information about the services and support consumers need to help them do things they want to do. All staff could identify what is important to consumers and what they like to do which was consistent with consumer interviews and care planning documents.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates that services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include a review of the activity program, training of staff, and review of the consumers care plans to include information about consumers social and personal relationships and doing things that are of interest to them. Staff help consumers keep in touch with people who are important to them through a variety of methods such as video calls.

I am of the view that the approved provider complies with this requirement.

### Requirement 4(3)(e) Compliant

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

The Assessment Team found that the service demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include a review of the activity program, training of staff, and review of the consumers care plans to include information about consumers religion, culture and language. Care planning documents reflected the involvement of other organisations in the provision of lifestyle supports for each consumer.

I am of the view that the approved provider complies with this requirement.

### Requirement 4(3)(f) Compliant

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

The Assessment Team found that the service demonstrates that meals are provided, and they are varied and of suitable quality and quantity.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include service’s menu is has been reviewed and re-created in consultation with consumers, families, dieticians, the Residential Liaison Officer (RLO), chef and management. Consumers can provide feedback and input into the menu through the food forum All consumers and representatives considered the food to be varied and of suitable quality and quantity.

I am of the view that the approved provider complies with this requirement.

### Requirement 4(3)(g) Compliant

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

The Assessment Team found that the service demonstrates that equipment is provided, and it is safe, suitable, clean and well maintained.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review including equipment needs are met. The Assessment Team observed all equipment to be safe, clean and well maintained.

I am of the view that the approved provider complies with this requirement.

# 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.

Overall consumers and representatives sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The service environment was observed welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Furniture in consumers rooms and living areas appeared clean and well maintained.

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.*

The Assessment Team found that the service demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include providing navigation aids, and personalised touches on their room doors to help consumers identify their room. Various furnishings were trialled and then purchased with the consumers providing input for these. It also included replacement of dark carpets in rooms with light floorboards which brighten the rooms and are easier to clean. All consumers and representatives interviewed said they feel safe and the service feels like home to them.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates that the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include ensuring external contractors and internal maintenance staff adhere to schedules and correct all work in suitable timeframes. Review and refinement of all cleaning schedules and ensuring high touch points are more regularly cleaned. Consumers sampled said they could generally access the outdoors when they wanted, and the environment was generally safe, clean and well maintained.

The approved provider submitted a response that provided further detail and clarified some information in the report. This response also included a continuous improvement plan including processes for ensuring maintenance is appropriately signed off in accordance with the relevant policy.

I am of the view that the approved provider complies with this requirement.

### Requirement 5(3)(c) Compliant

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

The Assessment Team found that the service demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the trial and then purchase of various furnishings and equipment with the consumers providing input for these. Management has also prepared schedules to ensure all furniture, fittings and equipment are regularly maintained and cleaned, along with cleaning between use. Consumers and representatives interviewed said they were satisfied with the furniture, fittings and equipment at the service are safe, clean and well-maintained.

I am of the view that the approved provider complies with this requirement.

# 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.

Most sampled consumers and representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Most consumers and representatives have, or felt they could, make complaints and feel safe to do so.
* Most consumers and representatives interviewed are aware of advocacy services and other methods of raising a complaint
* Most representatives felt that the service had acted to respond and address their complaint and used an open disclosure process when doing so.
* Most representatives interviewed were able to provide examples of how the service had made changes as a result of feedback or complaints they have made.

Most staff were aware of the complaints received by the service and the action taken, including action that staff had to take to meet open disclosure processes.

The service has appropriate policies and procedures in place for managing and responding to complaints.

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.*

The Assessment Team found that the service demonstrates consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include update to feedback and complaints policy, fortnightly newsletter promoting feedback avenues, and re-introducing consumer meetings and focus groups. Consumers and representatives feel they are supported to provide feedback and make complaints.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include updating their advocacy policy, and ensuring key documentation such as the weekly newsletter, and pamphlets are in alternative languages the consumers and families speak. All consumers and representatives interviewed said they were provided with information on alternative methods for raising a complaint.

I am of the view that the approved provider complies with this requirement.

### Requirement 6(3)(c) Compliant

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

The Assessment Team found that the service demonstrates appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include updating their ‘open disclosure; policy and providing training for staff on open disclosure. Review of the complaints processes and ensuring management is accountable for feedback being acted upon quickly utilising the open disclosure principles. Representatives felt that appropriate action was taken in relation to their complaints and an open disclosure process was used.

I am of the view that the approved provider complies with this requirement.

### Requirement 6(3)(d) Compliant

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

The Assessment Team found that the service demonstrates feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include adopting a service strategic plan with a ‘we care’ philosophy, with six strategies as priorities including ‘reassurance compliance across delivery’. This strategy requires surveying consumers, relatives, and staff to assure quality of care and environment and following up all issues and action items in a plan for continuous improvement. Representatives interviewed were able to provide examples of how the service had made changes as a result of feedback or complaints they have made. Consumers informed the Assessment Team they are made aware through consumer meetings.

I am of the view that the approved provider complies with this requirement.

# STANDARD 7 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

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 sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and representatives interviewed confirmed that staff are kind and caring.
* Representatives and consumers said they felt that staff know what they are doing.
* One representative said the new staff have a lot of experience and enthusiasm and are doing a great job.
* Most consumers and representatives interviewed confirmed they think there are adequate staff.
* One representative said they felt there could be more staff at the service.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The Assessment Team found that the service demonstrates 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 Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, with increases in staffing hours and appropriate training to ensure clinical and personal care needs are being met. Consumers and representatives did not identify any issues regarding the adequacy of staff numbers. Most consumers and representatives said consumers receive the care they need, and call bells are responded to promptly most of the time. Staff sampled said they felt they had enough time to finish their duties during their shift.

I am of the view that the approved provider complies with this requirement.

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

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the engagement of appropriately experienced management staff to provide clinical oversight, with appropriate education and training to ensure staff are competent to effectively perform their roles. Staff are no longer conducting tasks outside of their scope. Consumers and representative said they feel staff are competent and capable to perform their roles.

I am of the view that the approved provider complies with this requirement.

### Requirement 7(3)(d) Compliant

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

The Assessment Team found that the service demonstrates the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include all current staff completing mandatory training and the identification of training needs from complaints and incidents, the analysis of trends in clinical indicators, and from staff appraisals. Consumers and representatives interviewed said staff are trained and equipped to deliver their care and services. Review of training documents identified that training is up to date.

I am of the view that the approved provider complies with this requirement.

### Requirement 7(3)(e) Compliant

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

The Assessment Team found that the service demonstrates regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include ensuring all staff have performance appraisals in line with the service’s policies and these are used to help staff in their development and continual improvement. Performance of staff is monitored and reviewed. Staff interviewed all indicated they had participated in recent performance appraisals and had found it a positive experience. Extra training was arranged dependent on their needs as an outcome of the process.

I am of the view that the approved provider complies with this requirement.

# 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 sampled consumers and representatives considered that the service is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers and representatives said they were able to be involved in the development, delivery and evaluation of care and services through the various committing and group meetings such as the food focus group.
* Consumers and representatives generally felt engaged or that they had an impact on care and services.

Representatives said they felt the service was well run now as there had been major improvements made and they wanted to see this continue and be sustained.

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.*

The Assessment Team found that the service demonstrates consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include engagement with consumers when developing plans of care, and the implementation and support of various new meetings, including town hall meeting for consumers, representatives and board members, food focus groups, Friends of St Simeons monthly meetings, and quality of life group meetings. All consumers and representatives interviewed considered the service to be well run and felt they were supported to be engaged in the development, delivery and evaluation of care and services.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include updating all strategic plans and reviewing the involvement of the board in the service’s operations and how to be more accountable to stakeholders. The board has implemented several new meetings with a commitment to ensure they aware of any issues at the service. Board members interviewed were able to describe how the governing body promotes a culture of safe, inclusive and quality care.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates effective organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; feedback and complaints.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include improvements across all eight standards as demonstrated under each requirement that has been made compliant.

I am of the view that the approved provider complies with this requirement as they have demonstrated effective organisation wide governance systems.

### 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.*

The Assessment Team found that the service demonstrates effective risk management systems and practices, 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; supporting consumers to live the best life they can.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include implementing a documented risk management framework, reviewing and updating policies, the engagement of appropriately experienced management staff to provide clinical oversight, and staff education.

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the service demonstrates where clinical care is provided—a clinical governance framework, including but not limited to antimicrobial stewardship; minimising the use of restraint; open disclosure.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include commitment to a Clinical Governance Framework with associated reviewed and updated policies to delivers excellence in care. Staff have been educated about the policies and are able to provide examples of their relevance to their work.

I am of the view that the approved provider complies with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3**

### Requirement 3(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.*

Demonstrate that care is appropriate to each consumer’s needs, and that it is reviewed and evaluated in a timely manner. Staff are trained, equipped and supported in best practice in pain and skin/wound management and relevant treatments and strategies are effectively documented.